CITY OF EDINA BUILDING INSPECTIONS DEPARTMENT AND FIRE DEPARTMENT

Certification of Existing Fire Sprinkler Protection

Note: This form is to be completed and signed by the Architect of Record and a certified or licensed fire protection professional. Proper completion and approval of this form will be a condition of issuance of a building permit.

Project name: _____
Building Address: _____

THIS SECTION TO BE FILLED OUT BY ARCHITECT OF RECORD

How many buildings are included in the project, accounting for any separate buildings due to fire walls (per MSBC 705)?
_____

The project includes (circle all that apply)—these areas constitute the "Work Area":

Addition(s) How many? ____ Renovation(s) How many? ____ Tenant Re-model(s) How many? ____

Please provide a key plan of the project, including the entire building, the Work Area, Addition(s), Renovation(s), and Tenant Re-model(s)—as defined above. Confirm that a key plan is attached to this form by stating 'Yes' here: _____

Describe all existing portion(s), Addition(s), Renovation(s), and Tenant Re-model(s) that are assumed fully sprinkled, per your review of the MSBC for this project.
_____
_____
_____

List all MSBC sections that you are using for your Work Area in which a fully sprinkled building is assumed—i.e. allowable area/height increases, buildings with unlimited area, special occupancy requirements (high-rise, atrium, etc.), reduced fire ratings (occupancy separations, incidental use separations, non-separated occupancies, etc.), construction type substitution, floor openings, interior finishes, standpipe allowances/exceptions, fire alarm requirements/allowances, separation of exits, egress widths, enclosure of stairwells, extended dead-end/common path of travel/travel distances, corridor ratings, exit discharge, assembly egress, etc. (This is not an exhaustive list).
_____
_____
_____
_____
_____
_____
_____

Signature _____
Print name _____
MN Architect Reg. Number _____
Date: _____

Firm name: _____
Address: _____
City, State, Zip: _____
Phone: _____
Fax: _____
E-mail: _____

THIS SECTION TO BE FILLED OUT BY THE MANAGING EMPLOYEE OF A LICENSED MINNESOTA FIRE PROTECTION CONTRACTOR OR A LICENSED MINNESOTA FIRE PROTECTION ENGINEER

It is the City of Edina's intent that this survey is not a substitution for the annual inspection of the fire sprinkler system in the building. Further, it is the City of Edina's intent that this survey be performed with a higher level of scrutiny than a typical annual inspection. Please confirm your understanding of this by stating 'Yes' here: _____

It is the City of Edina's intent that this survey includes an inspection of every room or space in the building. It is your responsibility to coordinate with the owner of the building to get proper access to every room or space in the building for this survey. Please confirm that a visual inspection of every room or space was completed as part of this survey by stating 'Yes' here: _____

Acquire a copy of the most recent valid annual Inspection Report for all existing fire sprinkler systems in the building. What is the date of that Inspection Report (must be within last 12 months): _____

Confirm that all corrections from the most recent valid annual Inspection Report have been completed in the building (and inspected by the City of Edina, if necessary) by stating 'Yes' here: _____

Provide the approximate year (or range of years) of the original installation of the sprinkler protection in the building and describe how you arrived at that determination (i.e. review of as-built drawings, date stamp at valve assembly, date stamp on spare sprinklers, installation features, construction methods, style of fittings, ¾" pipe, etc.) _____
_____
_____
_____

Is sprinkler protection provided throughout the entire existing building, including all rooms, below all obstructions, all combustible concealed spaces, attics, combustible overhangs, etc. _____

If 'No,' list applicable exceptions from NFPA 13 that allow sprinklers to not be provided (per each applicable area). Identify the edition of NFPA 13 that you are referencing. _____
_____

Are all control valves in the building adequately locked and/or monitored, per section 903.4 of the 2007 Minnesota State Fire Code? Please state 'Yes' or 'No': _____

If 'No,' list the applicable section from the applicable previous fire code that allowed the control valves to not be locked and/or monitored. Give the date of the previous fire code. _____
_____

Does sprinkler spacing in the entire building comply with the applicable edition of NFPA 13, based on the approximate year of the installation? _____
If 'No,' describe. If necessary, attach a sketch or key plan to identify areas._____
_____
_____
_____
_____

Identify all vertical (floor) openings in the entire building that are not protected with draft curtains and closely-spaced sprinklers. If necessary, attach a sketch or key plan to identify areas. _____
_____
_____

Any other comments, recommendations, or concerns that you observed—i.e. hazardous materials, high-piled combustible storage, flammable liquids, occupancy hazards, etc.? _____
_____
_____
_____
_____
_____

Signature _____
Print name _____
MN Managing Employee or PE Number _____
Date of survey: _____
Date of signature: _____

Company name: _____
Address: _____
City, State, Zip: _____
Phone: _____
Fax: _____
E-mail: _____

If additional sheets are attached, state 'Yes' here: _____

Office Use Only

Received _____

Fire Sprinkler Permit Required – Yes or No

Entered into spreadsheet _____

Approved _____