

OWNER'S INFORMATION CERTIFICATE

Name/address of property to be protected with sprinkler protection:

THREE PEAKS IN A POD EARLY LEARNING CENTER
2965 GAUSE BLVD, SLIDELL, LA 70461

Name of owner: MELISSA FALLS

Existing or planned construction is:

- Fire resistive or noncombustible
- Wood frame or ordinary (masonry walls with wood beams)
- Unknown

MTL BLDG WITH BLOCK

Describe the intended use of the building: DAY CARE

Note regarding speculative buildings: The design and installation of the fire sprinkler system is dependent on an accurate description of the likely use of the building. Without specific information, assumptions will need to be made that will limit the actual use of the building. Make sure that you communicate any and all use considerations to the fire sprinkler contractor in this form and that you abide by all limitations regarding the use of the building based on the limitations of the fire sprinkler system that is eventually designed and installed.

Is the system installation intended for one of the following special occupancies:

- | | | |
|---------------------------------|------------------------------|--|
| Aircraft hangar | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Fixed guideway transit system | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Race track stable | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Marine terminal, pier, or wharf | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Airport terminal | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Aircraft engine test facility | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Power plant | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Water-cooling tower | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

If the answer to any of the above is "yes," the appropriate NFPA standard should be referenced for sprinkler density/area criteria.

Indicate whether any of the following special materials are intended to be present:

- | | | |
|---------------------------------------|------------------------------|--|
| Flammable or combustible liquids | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Aerosol products | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Nitrate film | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Pyroxylin plastic | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Compressed or liquefied gas cylinders | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Liquid or solid oxidizers | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Organic peroxide formulations | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Idle pallets | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

If the answer to any of the above is "yes," describe type, location, arrangement, and intended maximum quantities.

FIGURE A.23.1(b) Owner's Information Certificate.

Indicate whether the protection is intended for one of the following specialized occupancies or areas:

- | | | |
|--|------------------------------|--|
| Spray area or mixing room | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Solvent extraction | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Laboratory using chemicals | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Oxygen-fuel gas system for welding or cutting | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Acetylene cylinder charging | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Production or use of compressed or liquefied gases | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Commercial cooking operation | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Class A hyperbaric chamber | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Cleanroom | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Incinerator or waste handling system | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Linen handling system | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Industrial furnace | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Water-cooling tower | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

If the answer to any of the above is "yes," describe type, location, arrangement, and intended maximum quantities.

Will there be any storage of products over 12 ft (3.6 m) in height? Yes No

If the answer is "yes," describe product, intended storage arrangement, and height.

Will there be any storage of plastic, rubber, or similar products over 5 ft (1.5 m) high except as described above? Yes No

If the answer is "yes," describe product, intended storage arrangement, and height.

Is there any special information concerning the water supply? Yes No

If the answer is "yes," provide the information, including known environmental conditions that might be responsible for corrosion, including microbiologically influenced corrosion (MIC).

A NEW TAP W/ BACKFLOW IS NEEDED

I certify that I have knowledge of the intended use of the property and that the above information is correct.

Signature of owner's representative or agent: Chuck Dammow

Date: 1-20-26

Name of owner's representative or agent completing certificate (print): CHUCK DAMMOW

Relationship and firm of agent (print): DAMMOW ENG.

FIGURE A.23.1(b) Continued