



FIRE-MEDICAL DEPT

Application

Date: March 28, 2016 (rev 8/19/2016)
To: Warehouse Certificate of Occupancy Only Applicants
From: City of Peoria Fire-Medical Department – Fire Prevention Division
Subject: Warehouse C of O only application requirements

Effective immediately, this application will detail the minimum requirements from the City of Peoria Fire-Medical Department to apply for a Warehouse Certificate of Occupancy Only permit¹. The following application must accompany the Building Development submittal.

Type of product to be stored. (if more than 3 items different items, provide a separate sheet)

Is the product flammable? (MSDS² required.) Yes: _____ No: _____

Quantity of the flammable product to be stored³. Lbs: _____ Cu. Ft.: _____ Gal: _____

Is the product hazardous? (MSDS² required.) Yes: _____ No: _____

Quantity of the hazardous product to be stored³. Lbs: _____ Cu. Ft.: _____ Gal: _____

How will the product be stored?

On the shelf: _____ In a bin box: _____ Palletized: _____

Is the product encapsulated (wrapped in plastic)? Yes: _____ No: _____

Height of the storage (as measured to the top of the product): _____

Width of the aisles between the shelves: _____

Type of shelves: Solid (wood or metal): _____ Open (wire grate or none): _____

NOTES: (1) Warehouse use or storage is restricted to the design parameters of the automatic fire sprinkler system. Fire sprinkler system design parameters may need to be provided. Certain materials or storage methods could either be denied or could require a change to the automatic fire sprinkler system. The placement of shelving can also disrupt the strobe coverage for the fire alarm system. In cases where the fire alarm system or fire sprinkler system would need to be modified to provide proper coverage, a separate permit will be required. (2) MSDS = Material Safety Data Sheet. (3) An HMIS (Hazardous Material Inventory Statement) is required to be submitted where hazardous materials or flammable/combustible liquids are stored.

Print Name: _____ Phone Number: _____

Signature: _____ Date: _____

Project Name: _____ Project Address: _____