



150 WEST JEFFERSON STREET
 JOLIET, ILLINOIS 60432-4158

Storage and Industrial Occupancy Commodity Affidavit

Form shall be completed by the Company Owner or Company Officer

Tenant Name:			
Address:		Suite:	
City:		Zip Code:	
AP#:		Square Footage:	

Provide a detailed description of the commodity/product that will be stored in the warehouse or used in the industrial process. Include information on how the product is packaged and height stored:

For high-piled combustibles over 12' refer to Appendix A.

***Please initial that you have read and understand the above statement _____

<input type="checkbox"/> Class 1 Commodity	<input type="checkbox"/> Group B Plastics	<input type="checkbox"/> Commodity Affidavit
<input type="checkbox"/> Class 2 Commodity	<input type="checkbox"/> Group C Plastics	<input type="checkbox"/> Fire Alarm
<input type="checkbox"/> Class 3 Commodity	<input type="checkbox"/> Rubber Tires	<input type="checkbox"/> F.M. 200
<input type="checkbox"/> Class 4 Commodity	<input type="checkbox"/> Roll Paper	<input type="checkbox"/>
<input type="checkbox"/> Group A Plastics	<input type="checkbox"/> HMIS	<input type="checkbox"/>
<input type="checkbox"/> Single Row Rack	<input type="checkbox"/> Multi Row Rack	<input type="checkbox"/> Push Back Rack
<input type="checkbox"/> Double Row Rack	<input type="checkbox"/> Drive In Rack	<input type="checkbox"/>

Total Designated Storage Area		Sq. Ft.		
4 Ft Aisles	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
8 Ft. Aisles	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Usable Storage Height (top of the box)		Feet		
Required Density Per NFPA 13		Feet		
Pile Volume		Feet		
Automatic Sprinkler System?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Sprinkler System Density? .00/0000		ESFR		Op. PSI
Provide Mechanical Smoke Removal Required?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Provide Smoke And Heat Vents?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Provide Small Hose Connections Required /Class 2	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Provide Smoke Detection System?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Provide Curtain Boards?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Provide Building Access?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Provide Tunnels thru Racks every 100 Ft.?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Pallet Racks?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Transverse Flue Spaces?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Longitudinal Flue Spaces?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Solid Shelves?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Provide Column Protection?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Provide In-Rack Sprinklers?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Lower Storage Height?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Increase Density at Roof Deck?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Flammable or combustible liquids:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Aerosol products:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Compressed or liquefied gas cylinders:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Any other type of Hazardous Materials:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Spray booths and/or mixing rooms:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Clean room(s):	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Woodworking operations:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Welding and/or torch cutting operations:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Rubber or plastic products:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

I hereby affirm that the information provided is true and accurate. I hereby affirm that approval of this application does not constitute approval for any other permit that may be required by the county or other agency having jurisdiction.

I, (Owner's Signature) _____, attest that, to the best of my knowledge, all of the above information is true.

Sworn to and subscribed before me this _____ day of _____, 20_____.

Signature of Notary Public

My Commission Expires



Notary Seal