

FORSYTH COUNTY FIRE DEPARTMENT FIRE MARSHAL'S OFFICE

Storage and Industrial Occupancy Commodity Affidavit
Form shall be completed by the Company Owner or Company Officer

Tenant Name: _____

Address: _____ Suite: _____

City: _____ Zip Code: _____

Square Footage: _____

- Does the building have a Sprinkler System? Yes No
- Does the building have a Fire Alarm System? Yes No
- Will the storage arrangement be Rack storage? Yes No
- Are the Racks New or Existing? New Existing
- Are there small hose connections? Yes No
- Will any conveyor systems be utilized? Yes No
- What will be the height of storage (top of product)? _____ Ft.
- Will the storage arrangement be palletized? Yes No
- If there is Rack storage refer to the Rack Storage Permitting Requirements document.

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

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

Other (please specify) _____

If the answer to any of the above is "yes" go to next page and describe type, location, arrangement, total weights, and daily average quantities. Also include how the product will be stored. (In racks, solid pile, encapsulated with plastic or not, on the floor, bins, on solid shelves, on pallets, size of containers), etc:

****Attach Haz-Mat Inventory Statement If Required****

CHEMICAL INVENTORY FOR PROPOSED FACILITY

Name of chemical	Average Daily Quantity Proposed	Minimum Quantity Proposed	Annual Quantity Used	Method of Storage for Chemical

Storage Methods (use all that apply): (A) 55 gallon drum, (B) 20 gallon drum, (C) 2-5 gallon bucket/container, (D) bulk dry packages, (E) cartons of small containers (less than 2 gallons or 10 pounds) on pallets, (F) on floor, (G) on racks, (H) other (please describe).

This form was prepared by the undersigned as a complete and correct description of Tenant's proposed operations at the location noted

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

Print name of Owner or Company Officer

Company Title Phone

Signature Date