



City Of Durham

17160 SW Upper Boones Ferry Road,
Durham, OR 97224
(503) 639-6851 Fax: (503) 598-8595
Assistant.cityofdurham@comcast.net
Call for Inspections: (503) 691-3040

Fire Sprinkler Affidavit FOR ALTERATIONS OR TENANT IMPROVEMENTS 1 to 10 Sprinkler Heads

Building Permit No. _____

Project Name: _____

Project Address: _____

Contractor Name: _____ Phone Number: _____

Contractor Address: _____

Occupancy: _____ Type of Construction: _____

Number of Proposed or Altered Heads: _____

Type: _____ Hazard: _____ Heads: _____

I, _____, Oregon Construction Contractors Board No. _____, certify that the following is true and reasonably defines the scope of work for this project:

- a) All work is limited to drops and armovers in a light-hazard occupancy.
- b) Positions of sprinkler heads relative to architectural features such as soffits, beams, partitions, walls, etc. complies with the current edition of NFPA 13.
- c) The proposed work does not require hydraulic calculations.
- d) Only one sprinkler head will be installed from one drop (exception: up to two heads from one drop may be installed when each head is in a separate fire area).
- e) The area covered per sprinkler head is limited to the spacing requirements of NFPA 13.
- f) Tenant improvements in a new building shall be equipped with sprinklers as allowed by NFPA 13 - 13, Section 8.3.3.1.
- g) The installation shall comply with the requirements of the current adopted edition of NFPA 13.
- h) Piping shall not be concealed until hangers and bracing are inspected.
- i) Final approval shall be subject to onsite tests and inspections.

In addition, I understand the following is required:

- A sketch attached to this document showing the area of work within the building's structure
- A copy of this document shall be available for all inspections.

Signature: _____ Date: _____