



Storage and Industrial Occupancy Commodity Affidavit

******Form shall be completed by the Company Owner or Company Officer******

Tenant Name: _____
Address: _____ Suite: _____
City: _____ Zip Code: _____
File# _____ 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: _____

Separate reviews, approvals and inspections are required from Fire Plan Review for rack storage and palletized storage over 12 feet in height.

*****Initial that you have read and understand the above statement _____**

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

- | | | | | |
|--|--------------------------|-----|--------------------------|----|
| 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 |

If the answer to any of the above is "yes" go to page 2 and describe type, location, arrangement, total weights, and daily average quantities.

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

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) _____
Affirmed by: Owner or Company Officer Signature: _____ Date: _____

Continuation) If the answer to any of the above is "yes", describe type, location, arrangement, and daily average quantities in this section:

Signature of Owner or Company Officer:

Print Name:

Date:
