



Lyons Fire Department

Date: _____

Storage and Industrial Occupancy Commodity Affidavit

Form to be completed by Company Owner or Company Officer

Tenant Name: _____

Address: _____

City: _____ State: _____ Zip: _____

BLD#: _____ Sqft: _____

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:

If there is rack storage, refer to the Rack Storage Permitting Requirements document on our website. 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: | 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 |

If the answer to any of the above is "yes," 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 Company Representative: _____

Company Title: _____ Phone: _____

Company Representative Signature: _____ Date: _____