



Building Safety Division
City of Bend
(541) 388-5580
building@bendoregon.gov
710 NW Wall Street, Bend OR 97703

This submittal form is to be completed as part of your application with the City of Bend. *Download this form before completing fillable fields*, then upload with your application through the Online Permit Center at www.bendoregon.gov/permitcenter.

FIRE SPRINKLER AFFIDAVIT

Application Number: _____

Contractor: _____ Oregon CCB#: _____

Phone #: _____ E-mail: _____

Occupancy Type: _____ Construction Type: _____

Valuation of Work: \$ _____

Number of Modified Heads (Max 10): _____

Is this in Response to a Fire Marshall Inspection? Yes No

Description of Work: _____

I certify that the following is true and reasonably defines the scope of work for this project:

1. All work is limited to drops and arm overs in a light-hazard occupancy with like for like sprinkler heads, i.e. standard response and quick response. Tenant improvements in new shell buildings shall be equipped with quick response heads.
2. The installation shall comply with the requirements of the current adopted editions of NFPA 13 and Building Code.
3. The proposed modification does not affect water demand and heads are not extended coverage or other specialized type of sprinkler. Flex drops must meet required flow.
4. Only one sprinkler head will be installed from any one drop.
5. Piping shall not be concealed until hangers and bracing are inspected.
6. The City of Bend Building Safety Division reserves the right to require additional plans and calculations.



Accommodation Information for People with Disabilities

To obtain this information in an alternate format such as Braille, large print, electronic formats, etc. please contact the Building Safety Division at building@bendoregon.gov or (541) 388-5580; Relay Users Dial 7-1-1.

7. Final approval shall be subject to onsite tests and inspections by City of Bend Building Safety Division and City of Bend Fire Department.

In addition, I understand the following is required:

- Permit must be issued prior to work commencing.
- A legible sketch illustrating the area of work within the building's structure, product cut sheets, and a copy of this document shall be provided on-site for all inspections.

Applicant Signature: _____ Date: _____

***Registered Design Professional:**

Name: _____ Signature: _____

(Required for Tenant Improvements in buildings greater than 4,000 sq. ft. that require signature of registered design professional)

*I have reviewed the Fire Sprinkler submittal documents and found the design to be in general conformance to the design of the building.



Accommodation Information for People with Disabilities

To obtain this information in an alternate format such as Braille, large print, electronic formats, etc. please contact the Building Safety Division at building@bendoregon.gov or (541) 388-5580; Relay Users Dial 7-1-1.