



## STORAGE & INDUSTRIAL OCCUPANCY COMMODITY AFFIDAVIT

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

Tenant Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Suite: \_\_\_\_\_  
 City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 BLD# \_\_\_\_\_ 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: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*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:	<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 page2 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:*

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Signature of Owner or Company Officer:

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Print Name:

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Date:

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