
FIRE SUPPRESSION SYSTEM REVIEW CHECKLIST & FEE SCHEDULE (PAINT BOOTH/CLEAN AGENT)

As an aid to streamline our sprinkler system review process, we ask that you complete this checklist, and attach it to your Plan Review Application. Please address each checklist item in your package, whether the item is conveyed on the shop drawings, cut sheets, general notes, calculations, or cover letter, etc. Any items not addressed may cause unnecessary delays or “hold” on your review. Your help will facilitate a complete submittal package and allow us to provide an accurate review in a timely manner. Please verify that each item listed below is provided correctly in your submittal and is coordinated within all parts of the submittal. Indicate that each item has been address by check mark or N/A for items not applicable.

Project Name (please print): _____

Architectural Review Number: _____

Project Address: _____

Checklist Completed by: _____ Date: _____

Checklist Verified by: POR/Owner: _____ Date: _____

PLAN REVIEW APPLICATION

1. ____ Denote applicable State Fire Marshal Architectural (new Construction or Renovation) Review number, associated with this sprinkler submittal. If the architectural review exists as a “Preliminary, Hold or Not in Compliance type, the sprinkler package may be found not in compliance, and returned without benefit of a review. If the architectural scope of work is exempt from review by this office, provide a copy of the exemption notice/letter or exemption PO number. If the sprinkler design is based on an appeal response, provide a copy of this letter with the submittal. If the Professional of Record (POR) or Owner requests the review be based on prior or alternate editions of these standards, he/she shall submit this request as a formal appeal. Request to use an alternate standard is to be submitted before or with the submitted package. Response to the written request will be processed by the Chief Architect or Suppression Supervisor.
2. ____ If the proposed protected space is existing, and there is no associated architectural review, then the Professional of Record (POR) or Owner shall denote such and include the reason for this work in writing in the suppression submittal. (for example: computer equipment is installed in an existing room to created a new server room and a clean agent system is proposed to protect this space)
3. ____ Application is to be complete and the information provided is to match the information provided in the architectural review. If application information is provided by both the suppression contractor and the Professional of Record/Owner, then the POR/Owner shall sign the “Checklist Verified line”.
4. ____ Provide POR name, address and license number on the application. If the POR is different from the architectural review, indicate here the relation of the POR for the sprinkler submittal to the POR for the architectural review. _____
5. ____ Provide copy of inspection report, if applicable. (Report may have been generated by the State Fire Marshal, sprinkler contractor, local fire district or fire department.)
6. ____ “Preparer of Shop Drawings” information is to be complete on application. All information shall match the State Fire Marshal Licensing Department’s” Listing of Licensed Contractors”.

SHOP DRAWINGS – IN ADDITION TO THE ITEMS REQUIRED BY THE APPLICABLE STANDARD PROVIDE:

7. _____ Drawings to be legible copies (bluelines, photocopies or computer plots), not originals, and all drawn and REPRODUCED to scale. Live ink or pencil notes applied by hand is not acceptable. Submittals requiring a POR that are received without the POR shop drawing stamp are subject to being returned without benefit a review. One submittal set is required. A maximum of 2 set can be sent. Second set may be sent to suppression contractor if requested. Note: this second set is for reference only and cannot be used at time of final inspection.
8. _____ Professional of record shop drawing review and executed review stamp to be provided on each drawing sheet, and on cover of the bound supplemental documentation. The alternative to a shop drawing stamp is a handwritten note signed and dated by the professional of record placed on each sheet as indicated above stating the project has been reviewed and no exceptions are noted.
9. _____ Denote specific type of suppression system and associated NFPA standard(s) utilized in design.
10. _____ Manual activation type and location.
11. _____ Sequence of operations, (including actuation of building fire alarm system if provided).
12. _____ Supervision type (electric or pneumatic).
13. _____ Clearances to electrical hazards.
14. _____ Method of actuation (automatic, normal, emergency).
15. _____ Method of automatic detection (heat, flame, smoke, combustible vapors, abnormal conditions, trouble).
16. _____ Method of operation (expellant releasing mechanisms, discharge controls, shutdown of equipment).
17. _____ Complete detection and suppression system with all devices labeled for type, size, quantity, location, and arrangement.
18. _____ Ductwork configuration, for verification of compliant detection and suppression.
19. _____ For a total flooding system, denote dimensions of protected enclosure, method of closure for closable openings, area of space that are part of the protect space because of openings that are not closable.
20. _____ For local application systems, denote the location of the hazard, physical extent of the hazard.
21. _____ Method for inspection, maintenance, and recharging

PRE-ENGINEERED DATA – IN ADDITION TO THE ITEMS REQUIRED BY THE APPLICABLE STANDARD PROVIDE:

22. _____ For pre-engineered systems, provide listed data (such as Underwriters Laboratories) denoting compliance and compatibility of the specific components and arrangement in the system.
23. _____ Provide calculations denoting suppression chemical amount, piping type, size, length, and arrangement, nozzle descriptions and locations of flow points, and nozzle flow rates.
24. _____ Location and function of detection devices, operating devices, auxiliary equipment, and electrical circuitry.
25. _____ Reserve supply of extinguishment.

MATERIAL CUT SHEETS – TO PROVIDE DETAIL INFORMATION REGARDING ITEMS SHOWN ON PLANS

26. _____ To include pipe and fittings, nozzles, extinguishing agent containers, detectors, indicators, alarms, operating devices, fuel shutoff devices.
27. _____ Portable fire extinguishers.

FEE CALCULATIONS

1. Money orders, cashier's checks, certified checks, & company checks accepted (NO TEMPORARY CHECKS ACCEPTED)
2. Minimum base fee for any project is \$55. This includes Restamp/Lost Plans.
3. Devices limited to suppression nozzles only.

ITEM	NUMBER OF SYSTEMS		REVIEW FEE		SUBTOTAL
NUMBER OF DEVICES	1-10	X	\$30	=	\$
NUMBER OF DEVICES	11-25	X	\$60	=	\$
NUMBER OF DEVICES	26-50	X	\$120	=	\$
NUMBER OF DEVICES	51-75	X	\$180	=	\$
NUMBER OF DEVICES	76-100	X	\$200	=	\$
NUMBER OF DEVICES	101-above	X	\$300	=	\$
POSTAGE/HANDLING				+	\$25
CALCULATED FEE ATTACHED				=	TOTAL