



120 West Verbena Avenue  
Foley, Alabama 36535  
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www.cityoffoley.org

## FIXED EXTINGUISHING SYSTEM PLAN REVIEW Requirements and Checklist

Contractor Name: \_\_\_\_\_

Address: \_\_\_\_\_  
City State Zip

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Project Name: \_\_\_\_\_

Address/Location: \_\_\_\_\_

### Check One:

- First Submittal   
Re-Submittal   
Additional Submittal

### Notes/Requirements

- No permit fee required.
- Use this form when installing a new fixed extinguishing system or modifying an existing system.
- Codes and Standards meet the 2015 editions of the IFC, IBC, and IMC, and applicable NFPA standards.
- Incomplete permit applications will be returned without a review.
- The Contractor is expected to be aware of and conform to all applicable regulations to this project. Any error or omission on the part of the Foley Fire Department should not be misinterpreted as permission to install a system incorrectly.



## CHECKLIST

Please mark an "X" for items that are included with the submittal or "N/A" if not applicable.  
All plans shall be folded to fit an 8 1/2"x11" folder. Digital submissions are acceptable.

### **For All Plan Sheets (3 sets required):**

- \_\_\_\_\_ Company name, address, city, state, and zip, phone no., and City business license no.
- \_\_\_\_\_ Project name, address, city, state, and zip.
- \_\_\_\_\_ Scale (1/8" = 1' minimum, 1/16" = 1' acceptable for large buildings).
- \_\_\_\_\_ Occupant/owner name(s), address(es), and phone no(s) provided.
- \_\_\_\_\_ All graphical information is provided (scale, compass points, matchlines, etc.).
- \_\_\_\_\_ Building information (occupancy classification, construction type).
- \_\_\_\_\_ Provide all relevant building information (wall types, ceiling elevation, concealed spaces, elevation views).
- \_\_\_\_\_ Installer's name, certification, and date of the last manufacturer's training school attended; also include a copy of your certificate.
- \_\_\_\_\_ Clearly indicate all of the systems' components including a piping diagram.
- \_\_\_\_\_ Provide the no. and dimensions of all exhaust ducts including the location, no., and height of all protection nozzles.
- \_\_\_\_\_ Provide the no. and dimensions of all plenums including the location, no., and height of all protection nozzles.
- \_\_\_\_\_ Provide the no. and dimensions of all appliances including the location, no., and height of all protection nozzles.
- \_\_\_\_\_ Provide the no., location, and temperature rating of all detection devices.
- \_\_\_\_\_ Provide the no. and location of all manual activation devices.
- \_\_\_\_\_ Provide the fuel type being utilized and type of shutoffs provided.
- \_\_\_\_\_ Provide the location, type, and size of all portable fire extinguishers.
- \_\_\_\_\_ Indicate the method annunciation (must activate building fire alarm system, if present).
- \_\_\_\_\_ Booth specifications and UL listing information, if applicable.
- \_\_\_\_\_ Ventilation specifications and CFM calculations, if applicable.
- \_\_\_\_\_ Make-up air system shall shut down when the system activates.
- \_\_\_\_\_ "Cloud" or indicate revisions on re-submittal or additional submittal.
- \_\_\_\_\_ Symbol legend – quantities of each device.

I hereby certify that this submittal contains the above information as required by the City of Foley fire codes and standards.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Phone No.

**If you have any questions or require additional information, please contact:**

**Office: 251-971-6028**

**Fax: 251-943-7432**

**Email: [fireinspections@cityoffoley.org](mailto:fireinspections@cityoffoley.org)**