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 ½”x11” folder. Digital submissions are acceptable.

For All Plan Sheets (1 set 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