



120 West Verbena Avenue
Foley, Alabama 36535
(251) 943-1266
Fax (251) 943-7432
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 | <input type="checkbox"/> |
| Re-Submittal | <input type="checkbox"/> |
| Additional Submittal | <input type="checkbox"/> |

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 2018 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 (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