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FIRE SPRINKLER 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 fire sprinkler system or modifying an existing system.
- Codes and Standards meet the 2021 editions of the IFC and IBC, and the 2013 editions of NFPA 13/13R/13D.
- The plans and hydraulic calculations shall be signed and sealed by an Alabama licensed professional engineer.
- 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 State registration no.
- _____ Signed and sealed by an Alabama Registered Professional Engineer.
- _____ 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).
- _____ Hazard classification (commodity type, class, storage arrangement, how density is derived).
- _____ Provide the type of sprinkler system, design standard, referenced mains, hangers, makes, models, etc.
- _____ A minimum 10 psi safety factor is required.
- _____ 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.
- _____ Provide a digital copy of the approved plan set.

To be provided upon the Fire Inspector's arrival for final acceptance test:

- Fire sprinkler contractor will provide a ladder for the inspector's use.
- The system shall be pressurized to 200 psi for 2 hours, or 50 psi over normal pressure on existing systems.
- A hydrostatic test may not be required when adding or relocating 20 heads or less.
- Provide a copy of your State sprinkler permit for the inspector's file.

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