



Dry or Wet Chemical Fire Suppression Systems

Scope

This application pertains to the design and installation of wet and dry chemical fire suppression systems in commercial kitchens, spray booths, and dip tanks and similar hazards.

Minimum Requirements for Construction Drawings

Plans which do not contain the minimum information required will not be accepted for plan check. Plans shall be of sufficient clarity to indicate the location, nature and extent of the work proposed and show that it will conform to the provisions of the adopted international codes and ordinances.

- Three (3) copies of plans (24" x 36", or 30" x 42") must be submitted for review.
- Copies shall **all** be the same size.
- Working Drawings – scale to 1/8" = 1'.
- Shall be drawn in indelible ink.
- Sheets that are cut and pasted, taped, or that have been altered by any means (pen, pencil, marking pen, etc.) **will not** be accepted for plan check.
- Site Plans – scale to 1" = 20' or 1" = 40'.
- Washington State law requires that any registered professional who prepares or supervises the preparation of drawings and construction documents stamp and sign such documents.

Project Name

General

Yes No

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Owner's name, address, telephone and fax numbers. |
| <input type="checkbox"/> | <input type="checkbox"/> | Occupant's name, address, telephone number, if different from owner. |
| <input type="checkbox"/> | <input type="checkbox"/> | Contractor's name, address, fax number, telephone number and Washington State Contractor's license number. |

Documentation **One Set**

Yes No

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | For pre-engineered local application or total flooding systems, submit a manufacturer's installation manual. |
| <input type="checkbox"/> | <input type="checkbox"/> | Type of construction and occupancy classification of building. |
| <input type="checkbox"/> | <input type="checkbox"/> | Local Air Pollution Authority certificates to discharge volatile organic compounds. |

Working Drawings

General Information

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Compass direction and clearly marked scale. |
| <input type="checkbox"/> | <input type="checkbox"/> | Three-dimensional representation of hazard to be protected, including volume of enclosure, if applicable. Permanently mounted equipment or structures that materially reduce the volume, shall be identified and computed. |
| <input type="checkbox"/> | <input type="checkbox"/> | For engineered systems, a statement on the plans reading "There Shall Be No Deviations From The Plans Without Approval From The Authority Having Jurisdiction. |

System Information

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Make, model and type of fire extinguishing system, including system capacity. |
| <input type="checkbox"/> | <input type="checkbox"/> | Cylinder mounting location. |
| <input type="checkbox"/> | <input type="checkbox"/> | Type, size and configuration of discharge piping. |
| <input type="checkbox"/> | <input type="checkbox"/> | Location and configuration of all ells, tees and distributors. |
| <input type="checkbox"/> | <input type="checkbox"/> | Location and configuration of system actuation equipment, including temperature ratings of fusible links. |
| <input type="checkbox"/> | <input type="checkbox"/> | Type, location and configuration of all discharge nozzles. |
| <input type="checkbox"/> | <input type="checkbox"/> | Location and number of flow restricting or balancing devices. |
| <input type="checkbox"/> | <input type="checkbox"/> | Manual pull station locations(s) and mounting height(s). |
| <input type="checkbox"/> | <input type="checkbox"/> | For systems protecting commercial cooking equipment: <ul style="list-style-type: none">• Location and type of cooking appliances and char-broilers.• Clearances of surface nozzles above cooking appliances.• Location, make and model of automatic fuel shut-off devices.• Locations, make and model of all reset relays |

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | For total flooding systems protecting three-dimensional risks: <ul style="list-style-type: none">• Method used to close doors, windows, etc., prior to agent discharge, if applicable.• Method used to shut off forced-ventilation systems prior to agent discharge, if applicable. |
| <input type="checkbox"/> | <input type="checkbox"/> | If closure shutdown cannot be accomplished, the amount of additional agent needed to protect the risk. |

Please read the information below and sign before submitting your application.

Your application shall be deemed complete only if this checklist is completed and submitted along with the submittal package. Submittals not accompanied by a checklist will not be accepted. Accuracy of the submittal package, including this checklist, is the responsibility of the applicant. Failure to submit an accurate submittal package will be considered an incomplete application by the Plan Reviewer. An incomplete submittal will result in a HOLD. A Resubmittal (new submittal package) will be required and always results in a delay.

I have checked the applicable boxes and have included those requirements in my submittal.

Print Name

Signature