

# CHARLESTON FIRE DEPARTMENT

## Fire Marshal Division



<b>Fire Suppression Permit Application</b> Submit plans to: <b>Permit Center</b> <b>2 George Street, Charleston, SC 29401</b>	Master Bldg. Permit: #BC
	Suppression Permit: #FI
	Project Value: \$

This permit is for fire suppression systems (**other than Fire Sprinkler Systems**). A permit is required for installation of new systems and for any modifications of existing systems. A separate permit shall be obtained for each system. Additional permits are required for connection to or installation of a fire alarm system, installation of the ventilation system, and/or modifications to the electrical or gas systems.

### Installation Location

Business/Location Name:	
Street Address:	Building/Suite:
Property Owner/Rep Name:	Owner/Rep. Contact Number:
Current use of structure:	
Proposed use of structure:	

### Installation Contractor Responsible for System

Contract company:	State License #:	Expiration Date:
Address:	City, State & Zip:	
Contact person name:	Contact Phone:	
Contact fax:	Contact E-mail:	

### Fire Suppression System Details

<input type="checkbox"/> New system in new building	Make:
<input type="checkbox"/> New system in existing building	
<input type="checkbox"/> Replacement of existing, add reason in notes	Model:
<input type="checkbox"/> Modification of existing, add reason in notes	
Hazard: <input type="checkbox"/> Cooking <input type="checkbox"/> Paint/Spray booth <input type="checkbox"/> Computer/sensitive equipment <input type="checkbox"/> Other:	
System: <input type="checkbox"/> Wet Chem. <input type="checkbox"/> Dry Chem. <input type="checkbox"/> Inert Agent <input type="checkbox"/> Water Mist <input type="checkbox"/> Other:	
Installations shall be in accordance with International Code requirements and will meet the following NFPA requirement(s) – mark all that apply:	
<input type="checkbox"/> 17A, 2017 (Wet Chem.) <input type="checkbox"/> UL 300 <input type="checkbox"/> 17, 2017 (Dry Chem.) <input type="checkbox"/> 11, 2016(Foam) <input type="checkbox"/> 16, 2015 (Foam-Water)	
<input type="checkbox"/> 12, 2015 (CO2) <input type="checkbox"/> 12A, 2015 (Halon) <input type="checkbox"/> 2001 2015(Clean agent) <input type="checkbox"/> Other/Additional:	

### Plan Submittal Checklist

The following checklist is provided as a **summary of the minimum** information required before a review will be initiated. It is the contractor's responsibility to have a thorough working knowledge of the applicable ordinances, codes, and/or standards. Failure to provide the needed information will delay the review process.

1. Fire Suppression Permit Application, 3 sets of prints, 1 set of documents (specs, etc.).
2. Name, address, phone, fax, e-mail, and state contractor's license number of the licensed contractor.
3. Creation date of plan, revision dates, point of compass, scale and graphic representation of scale.

## Fire Suppression System Permit Application

**Plan Submittal Checklist (continued)**

4. Description of the system to be installed including (but not limited to): manufacturer, make, model, tank size, maximum flow points, and the number of flow points utilized (as applicable).
5. Description and location of nozzles and pipe locations and sizes.
6. Description, location, and size of appliance(s) to be protected. Description of method to secure equipment and verify proper replacement of movable equipment (chain/cable, marking the floor, etc.), as applicable.
7. Location and temperature rating of fusible links and method to verify proper link temperature setting, such as manufacturers listing or ambient temperature review. In general, setting link temperatures 70 degrees F above the tested ambient operational plenum temperature is considered acceptable.
8. Type and function of gas valve, electrical shunts, etc. Statement that all fuel sources, including electrical appliances and fixtures (including hood lights), will terminate upon system activation.
9. Statement of installation standards (NFPA, IFC, etc.) to which the system will be installed.
10. Function/operation of make-up air and exhaust upon system activation.
11. Location of manual pull station(s) and K extinguisher (as applicable).
12. Indication of interconnection to fire alarm system (as applicable).
13. When multiple systems are present, hoods and pull station must be clearly labeled with signs of not less than 1” tall letters/numbers.

**Note:** In order to assist with the review process, contractors are encouraged to provide a manufacturers installation manual with the submittal. Manuals will be required on new or non-standard systems. Manuals will be returned upon request from the contractor.

**Pre Inspection Checklist**

The contractor shall verify completion of the following items prior to scheduling an inspection. Any item that is outstanding at the time inspection will result in termination of the inspection and assessment of a re-inspection fee.

1. Pre-test/functional has been completed to verify proper operation of ALL system components.
2. All equipment (protected hazard) is installed and secured in place.
3. Any mechanical/electrical systems have been reviewed and approved by the Building Department.
4. When fire alarm present, system properly connected to fire alarm by qualified individual. If a fire alarm system is not present, connection to audio and visual notification device that has been clearly labeled.
5. Contractor has current State License that properly indicates approval to install the permitted system or documentation provided from the manufacturer for the installation contractor.
6. Permit, stamped drawings, system manual(s), and needed testing equipment.
7. Prepared to review the documented manufacturers testing requirements with the inspector.
8. At a minimum, prepared to conduct a functional test of all devices and a balloon test.
9. Provide certificate of compliance or other form of documentation attesting to proper installation.
10. A copy of the approved drawings, completed certificate of compliance, a copy of the manufacturer’s listed installation and maintenance manual or listed owner’s manual shall be issued to the owner or posted on site at an approved location.

**Request for review and permit**

I understand and agree that this permit is only for this project and provides authorization for the limited scope of work identified on the permit and the permit remains the property of the City of Charleston. By signing below I certify that I am an authorized agent for the company performing the work stated above, appropriately trained and qualified for the scope of work proposed, and all information provided is true and correct. I understand that if any information provided is found to be incorrect or falsely stated that any permits granted from this application are immediately null and void. I agree to comply with the ordinances of this jurisdiction and to perform the work herein stated in accordance with the submitted plans, specifications, applicable codes and standards, and shall be responsible for any and all violations of state laws and local ordinances. I understand that any alternation or change in plans made without written approval subsequent to the issuance of the permit shall constitute grounds for revocation of such permit and that all work is subject to field inspections. Permit void if work is not started within six months of the date of issue or if work stops for a period of six months. All permits expire two years from the date of their issuance. Additional permits shall be required for any additional work not authorized under a permit issued for this application. Applicant is responsible for calling to schedule all required inspections.

\_\_\_\_\_  
Name of person making application

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date