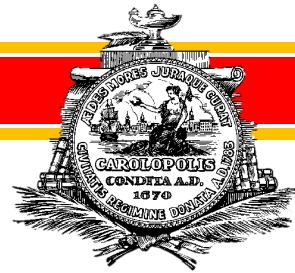


# CHARLESTON FIRE DEPARTMENT

## Fire Marshal Division



### Fire Sprinkler Permit Application

Submit plans to:  
**Permit Center**  
**2 George Street, Charleston, SC 29401**

Master Bldg. Permit: #BC

Sprinkler Permit: #FI

Project Value: \$

#### 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

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

#### Fire Sprinkler System Details

<input type="checkbox"/> New system in new building <input type="checkbox"/> New system in existing building <input type="checkbox"/> Replacement of existing, add reason in notes <input type="checkbox"/> Modification of existing, add reason in notes	Square Footage of Project Area:	
	Number of Risers:	
	Max Sqft per riser:	
	System Type(s): <input type="checkbox"/> Wet <input type="checkbox"/> Dry <input type="checkbox"/> Pre-Action <input type="checkbox"/> Deluge <input type="checkbox"/> Anti-Freeze <input type="checkbox"/> Other:	
Design per NFPA: <input type="checkbox"/> 13, 2019 <input type="checkbox"/> 13R, 2019 <input type="checkbox"/> 13D, (IBC Permitted Projects Only)	Coverage: <input type="checkbox"/> Full Coverage <input type="checkbox"/> Other:	
Operation: Area of Sprinkler Operation:	Area Per Sprinkler:	Density:
Hazard(s): <input type="checkbox"/> Light Hazard <input type="checkbox"/> Ordinary 1 <input type="checkbox"/> Ordinary 2 <input type="checkbox"/> Extra 1 <input type="checkbox"/> Extra 2 <input type="checkbox"/> Special		
Standpipes: <input type="checkbox"/> None <input type="checkbox"/> Auto Wet <input type="checkbox"/> Manual Wet <input type="checkbox"/> Auto Dry <input type="checkbox"/> Manual Dry		
Other: <input type="checkbox"/> High Piled/Rack Storage <input type="checkbox"/> Room Design Method Applied <input type="checkbox"/> Original System per Pipe Schedule design		

#### 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.

##### All Projects

1. Fire Sprinkler Permit Application, 3 sets of prints, 1 set of documents (specs, etc.).
2. Name, address, phone, fax, e-mail, and state sprinkler contractor's license number on the prints.
3. Creation date of plan, revision dates, point of compass, scale and graphic representation of scale.
4. Complete address (include building name or suite) of project (include tenant name if known).
5. Clear and definitive scope of work for the project and the company permitting the work. .
6. Existing systems: Provide a copy of the most recent annual inspection report.

## Fire Sprinkler Permit Application

## Plan Submittal Checklist (continued)

### New Installation/Major Remodel and all Group E (Educational), I (Institutional), A (Assembly)

7. Site/plot drawings with paved roads, fire lanes, parking, and building orientation. Include locations of area hydrants, the remote FDC. FDC's shall be labeled in accordance with City Requirements.
8. Site/plot drawings indicating location, weight/class, size and length of underground piping and materials from water source to riser. Include any valves, meters, valve pit (include pit details), depth to bury pipe, thrust blocks, etc. All valves, including backflow, shall be electronically monitored.
9. One set of: hydraulic calculations for all remote areas, cut sheets for all components, P.E. signed/sealed FSSS and COC
10. Provide the type of construction (per NFPA 13). Include locations of wall partitions, fire walls, floor openings, concealed spaces, etc. Clearly label each area/room as to its use or title. Any area without sprinklers shall be clearly indicated and the appropriate NFPA 13 exception number shall be included.
11. Provide system design data at each design area. Hydraulic reference points shown on the plan shall correspond with a comparable reference on the hydraulic calculations.
12. Include full height cross section and elevations of the facility, include ceiling construction.
13. If room design method is used, provide information of room rating, including self-closing doors and indicate all unprotected wall openings throughout that floor.
14. Indicate location and type of inspector test. Show all control valves, switches, and alarm/flow devices. Flow switches per level of the building and an exterior water flow alarm will be required per City Code.
15. Indicate all duct work, ceiling layouts, lighting, diffusers, etc. which may affect the system coverage.
16. Show size, type, piping, drainage, location and elevation of: risers, drains, house outlets, hand hose, etc.
17. Show settings for pressure reducing valves at all levels.
18. Legend shall clearly indicate the sprinkler type, temperature, manufacturer, etc. of each head.
19. Indicate spacing of sprinklers and number of sprinkler in each story or fire area.
20. Indicate type and location of hangers, sleeves, flexible couplings, and braces. Provide location spacing, direction, and calculations on loads for sizing of sway bracing with materials detail.

## Required Inspections

Underground material certificate and full bore flush test, rough-in/overhead before concealment, hydro test (and air for dry systems), flow response test, and final. Additional testing may be required based on system or complexity.

## Pre-Final Inspection Checklist

The contractor shall verify completion of the following items, any item from this list found outstanding at the time of the final will result in termination of the inspection and assessment of a re-inspection fee.

- All previous inspections completed and deficiencies corrected.
- Installation per the submitted prints or deviations approved and as-built drawings prepared for inspector.
- Permit, stamped drawings, and 3 copies of the Certificate of Completion on site.
- A copy of the submittal package and Certificates shall be placed in a plan tube labeled "Sprinkler Plans – Do Not Remove From Site" and installed at the sprinkler riser or other 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 alteration 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.

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Name of person making application

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Signature

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Date