



**El Reno Fire Department
Sprinkler Plan Permit
Application**

File #:	
Total Square Foot:	
Fee \$.03 x FT ² + 4.50(Minimum fee- 204.50):	
Date:	Date Paid:

This formed must be filled out completely. Plan review will be on hold until fee has been paid in full. Please contact the Fire Marshal's Office with any questions at (405)262-2949.
Provide three sets of Sprinkler plans with Permit Application.

PROPERTY INFORMATION

Building Name:	
Building Address:	
Owner's Name:	
Owner's Address:	Owner's Phone Contact:
Owner's Email :	Owner's Fax:

SYSTEM DESIGNER/CONTRACTOR

Company Name:		
Company Address:		
Contact Person (Designer):		
Phone #:	Fax #:	Email:
<input type="checkbox"/> Yes <input type="checkbox"/> No	System designed by a licensed person through the Department of Labor §1800.1?	
<input type="checkbox"/> Yes	Copy of installer's current certification or stamp is provided with submittal?	
<input type="checkbox"/> Yes	Annual business license obtained from City of El Reno?	

GENERAL

NFPA Standard used in the system design and proposed installation:
 NFPA 13 (2016Edition) NFPA 13R (2016edition)
 NFPA 13D

This proposal represents:
 A new system being installed in the building Modifications to an existing system
 Extension of an existing system Other _____?

Type of Sprinkler System(s): (Check all that apply)
 WET DRY ANTI-FREEZE PRE-ACTION DELUGE PRE-ENGINEERED OR 13D

All sprinkler head "specification sheets and UL Listings" provided in application? Yes No

Sprinklers omitted in any area? Yes No

If yes, allowed per:
 Yes No N/A NFPA 13 Omitted Areas? (specifically identify omitted areas in narrative space below)
 Yes No N/A NFPA 13R Omitted Areas? (specifically identify omitted areas in narrative space below)

Narrative of specific omitted area(s) along with specific NFPA 13/13R code requirement:

Number of Floors (including Basement)?

<input type="checkbox"/> Yes <input type="checkbox"/> No	Fire Pump Required or Provided?
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<input type="checkbox"/> Yes <input type="checkbox"/> No	Standpipe/ Hose Connection Required?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Fire Department Connection located on the front side of the building and within 50' of a hydrant?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Fire Department connections must be a 4" Storz with a 30 degree elbow?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Sprinkler systems valves controlling the water supply, pumps...critical air pressures, and water-flow switches are electronically supervised?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Means through a test header or other connections downstream of the backflow prevention device available for full flow test per NFPA 25:12.6.2.1 and NFPA 13: 8.17.4.1.3

OCCUPANCY CLASSIFICATION

Fire sprinkler occupancy hazard classification:

- Light Hazard Ordinary Hazard Group 1 Ordinary Hazard Group 2
 Storage Extra Hazard Group 1 Extra Hazard Group 2
 Special Occupancy (Flammable/combustible liquids, oxidizers. Etc.)

FLOW TEST INFORMATION

Date of Flow Test: _____

Static Pressure: _____

Residual Pressure: _____

Flow in Gallons: _____

Coefficient Factor Used: _____ Company who performed: _____

STORAGE INFORMATION (if applicable)

If storage information "Not Applicable", skip this section and go to **DESIGN SPECIFICATIONS** Section Below

Rack or Pallet Storage <input type="checkbox"/> Rack <input type="checkbox"/> Pallet	Aisle Width Dimension? _____
In-Rack Sprinkler? <input type="checkbox"/> Yes <input type="checkbox"/> No	ESFR Sprinklers? <input type="checkbox"/> Yes <input type="checkbox"/> No
High Piled Combustible Storage over 12' high? <input type="checkbox"/> Yes <input type="checkbox"/> No	High Hazard Commodity Storage over 6' high? <input type="checkbox"/> Yes <input type="checkbox"/> No
Where are Auxiliary Drains and Low Point drains located? _____	Presence of hazardous Materials? <input type="checkbox"/> Yes <input type="checkbox"/> No
Maximum Height of Storage Planned? _____	Maximum Aisle Width Planned? _____
Where are Auxiliary Drains and Low Point drains located? _____	Fire alarm wiring installed in a plenum space is plenum rated per 2015 IMC 602.2.1.1? <input type="checkbox"/>

DESIGN SPECIFICATIONS

Type of System Hydraulically Calculated Pipe Schedule (for areas 5,000 square feet or less and only in existing systems)

Water Supply for system determined by: Area/Density Curves Room Design Method

Requirements for Hydraulically Calculated Systems (Area/Density Method)

What is the Design Are of water Application specified? _____

What is the minimum rate of Water Application "Density" specified? _____

Please specify what type (if any) sprinkler "density adjustments" have been calculated?

Check all that Apply:

Quick Response Sprinklers Sloped Ceilings greater than 2 in 12 Dry Pipe & Double-lock Pre-Action Systems
 High Temperature Sprinklers Multiple Adjustments "Actual Ceiling Height" (_____'_____)

What is the maximum “area” per individual sprinkler specified (per NFPA 13 or specific listing)?

How many sprinklers are required in the “Design Area”?

Formula: (Number of Sprinklers required) = (Design Area of Sprinkler Application) / (Coverage per Sprinkler Head)

Provide mathematical equation here:

What is the actual formula numbers used to verify Remote Area “Size and Shape”?

Formula: $1.2\sqrt{\text{Design Area}} = \text{Minimum Length of Rectangle}$

Provide mathematical equation here:

What is the Maximum Number of Sprinkler Heads per Branch Line?

Formula: $1.2\sqrt{\text{Design Area}} = \# \text{ of Heads on Branch Line}$
“S” (Ft. Measured Along Branch Line)

Provide mathematical equation here:

What is “In Rack” Demand, Storage Applications (if applicable)? _____ GPM

What is the Hose Stream demand(Inside & Outside)? _____ GPM

What is the total required water supply including hose demand? _____ GPM

Are there any “*combined sprinkler & standpipe*” systems in the building, and if so what are the minimum “pressure” requirements as outlined in NFPA 14?(if applicable)

What limitations (dimension, flow and pressure) on extended coverage or other listed special sprinklers? (if applicable)

Additional Requirements (Room Design Method)

Design Density of Sprinkler meets 11-3.1.3 (NFPA 13 2016 Edition) (minimum of .10 gpm/s.f.)? Yes No

Based upon the room that creates the greatest water demand (including corridors/hallways)? Yes No

Additional Requirements (NFPA13R Systems)

Yes No N/A

Building is not more than 4 stories in height?

Yes No N/A

Listed Residential Sprinklers shall be used in all residential portions(dwelling) of building? **Exception:** Residential Sprinklers shall be permitted in adjoining corridors or lobbies, provided with flat smooth ceilings and ceiling heights do not exceed 10 feet.

SPRINKLER COMPONENTS: Is the following information provided on plans/specifications?

Yes

Provide complete catalog cut sheets for all equipment and materials used?

Yes No N/A

Hydraulic data nameplate (for hydraulically designed systems)?

Yes

Hydraulic reference points shown on the plan that corresponds with comparable reference points on the hydraulic calculation sheets?

Yes

Pipe sizes and lengths shown on the plan correspond with the sizes and lengths shown on the hydraulic calculation sheets?

Yes No N/A

Relative elevations of sprinklers, junction points, and supply or reference points?

Yes No N/A

Pressure loss for backflow preventer and meter included in hydraulic calculations?

<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Provide a 2 ½ standpipe hose outlet at the highest landing of the stairways with access to roof, and on the roof where stairways do not access the roof with an additional 2 ½ hose connection?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Provide floor control valves at each floor in multi- story buildings?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Most demanding area is highlighted on plans and provided in hydraulic calculations?
FIRE PUMP INFORMATION (if applicable)	
Manufacturer:	Type: <input type="checkbox"/> Diesel <input type="checkbox"/> Electric
Rated PSI:	Rated GPM:
Rated HP:	Controller Type:
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Dedicated Electrical Service Provided
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Provide a standby or emergency power supply to the fire pump with an automatic power transfer switch controller?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Provide details and catalog cut sheets on the fire pump controller?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Fire pump room fire resistive- rated to 2 hour or 1 hour per IBC?

Designer

I certify that the information provided in this document is true and accurate.

(Printed Name)

(Signature) Date

(Company Name) License Stamp

(Email and Phone Contact)

Mailing Information

I will pick up the plans. Please return using third party carrier: (FedEx/ UPS etc.)
 Provide a properly filled out return label must be provided to our office with this transmittal.