

FIRE SPRINKLER PLAN SUBMITTAL

Once complete please return to:

Fire Department

Captain, Michel Mitchell

4798 Airport Parkway, Addison, TX 75001

Office (972) 450-7221

Fax (972) 450-7208

Carefully review requirements and checklist on the attached form before submitting plans.





Addison Fire Department Fire Prevention Division

4798 Airport Parkway
Addison, Texas 75001

Phone 972-450-7221 Fax 972-450-7208

FIRE SPRINKLER PLAN

FEES = \$0

PLEASE ALLOW AT LEAST 10 BUSINESS DAYS FOR APPROVAL.

WE WILL CALL YOU WHEN READY.

Fire Sprinkler Plan Review Requirements and Checklist

CONTRACTOR INFORMATION

PROJECT INFORMATION

Name:

Name:

Address:

Address:

Suite #

City, State & Zip:

City, State & Zip:

Must provide DIRECT PHONE:

Ext:

Cell:

SCR #:

First Submittal
(Check One)

Re-Submittal
(Plans Rejected)

Additional Submittal
(Devices Added, Removed or Relocated)

Reference Notes:

- Use this checklist when installing a new fire sprinkler system or modifying an existing system.

**ALL PLANS SHALL BE FOLDED TO FIT AN 8 ½" X 11" FOLDER.
ROLLS MAY BE ACCEPTED ON LARGE PROJECTS ONLY.**

The planner shall mark with an "X" beside each line below to indicate the information is included with the submittal or indicate with "N/A" if not applicable.

INCOMPLETE PLAN SUBMITTALS WILL BE RETURNED WITHOUT A REVIEW.

Provide the following on all plan sheets (3 Sets required):

- _____ 1. Company Name, Address, City, State & Zip, Phone Number and State Registration Number
- _____ 2. Planner's Name, License Number, and Original Signature of RME.
- _____ 3. Project Name, Address, City, State & Zip
- _____ 4. Scale (1/8" = 1' Minimum, 1/16" = 1' acceptable for large buildings)
- _____ 5. Occupant/owner information is provided (i.e. names, addresses, and phone numbers)
- _____ 6. All graphical information is provided. (Scale, points of compass, matchlines, etc)
- _____ 7. Building information. (Occupancy classification, construction type)
- _____ 8. Provide all relevant building information. (Wall types, ceiling elevation, concealed spaces, elevation views)
- _____ 9. Hazard classification. (Commodity type, class, storage arrangement, how the density was derived)

- _____ 10. Provide the type of sprinkler system, Design standard, referenced mains, hangers, makes, models, etc.
- _____ 11. Provide water supply information and hydraulic calculations.
- _____ 12. A minimum 10 psi safety factor is required.
- _____ 13. “Cloud”, or Indicate, Revisions on Re-submittal or Additional Submittals
- _____ 14. Symbol Legend – quantities of each device.

I hereby certify that this submittal contains the information required by the
Town of Addison fire codes and standards.

Signature: _____
(Must be signed by the same Person who Signed Plans)

RME# _____

Print Name: _____

Telephone #: _____

Ext: _____

Cell: _____

The Contractor is expected to be aware of and conform to all applicable regulations pertaining to this project. Any error or omission on the part of the Addison Fire Department should not be misinterpreted as permission to install a system incorrectly.

Upon Arrival of Fire Inspector 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 State sprinkler forms for the fire inspector’s file.

If you have any questions, or require additional information I can be reached at:

Office: 972-450-7221

Fax: 972-450-7208

Email: mmitchell@addisontx.gov

**Captain Michel Mitchell
Addison Fire Department**