



Addison Fire Department Fire Prevention Division

4798 Airport Parkway

Addison, Texas 75001

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

KITCHEN HOOD FIRE SUPPRESSION SYSTEM

**PLEASE ALLOW AT LEAST 7 BUSINESS DAYS FOR APPROVAL.
WE WILL CALL YOU WHEN READY.**

DATE SUBMITTED:

Kitchen Hood Fire Suppression System Review Requirements

CONTRACTOR INFORMATION

PROJECT INFORMATION

Name:

Name:

Address:

Address:

Suite

City, State & Zip:

City, State & Zip:

Must provide DIRECT PHONE:

Project Square Footage

Ext:

Cell:

First Submittal
(Check One)

Re-Submittal
(Plans Rejected)

Additional Submittal
(Devices Added, Removed or Relocated)

Requirements:

- 1) Submit valid documentation from the system manufacturer on equipment to be installed (Spec sheets).
- 2) An approved method (a physical positioning system) shall be provided that will ensure that the appliance is returned to an approved design location (NFPA 96 12.1.2.3.1)
- 3) Submit a floor plan clearly showing all of the following:
 - a. Show hood and duct dimensions
 - b. Show appliance descriptions and dimensions
 - c. Show piping, valves, detectors, nozzles, manual pull, tank size and location
 - d. Number of Flow Points per tank, Number of Flow Points used on this hood system

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

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

License# _____

Print Name: _____

Telephone #: _____

Ext: _____

Cell: _____

Any omission by the Fire Inspector should not be misinterpreted as permission to install a system incorrectly.

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

Michel Mitchell

Fire Marshal

Addison Fire Department