



BOROUGH OF KENNETT SQUARE
120 MARSHALL STREET – KENNETT SQUARE- PA 19348
PHONE: (610) 444-6020 X 103 FAX: (610) 444-3216

FIRE SUPPRESSION PERMIT APPLICATION

Plan submittals must include this document and may be:

Delivered to: Codes Department at the above address M-Th 8:30 – 3:30 Fri 8:30 – noon

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 or the ventilation system, and/or modifications to the electrical or gas systems.

Installation Location

| | |
|-----------------------|-------------------------|
| Business Name: _____ | |
| Street Address: _____ | Building/Suite: _____ |
| Property Owner: _____ | Owner Contact No. _____ |

Installation Contractor

| | |
|--|------------------------|
| Contractor Company: _____ | |
| Address: _____ | |
| Installation Contractor State License #: _____ | Expiration Date: _____ |
| Contact Name: _____ | Contact Phone: _____ |
| Contact Fax: _____ | Contact Email: _____ |

Fire Suppression Details

| | |
|--|---------------------|
| Make: _____ | Model: _____ |
| Hazard: <input type="checkbox"/> Cooking <input type="checkbox"/> Paint/Spray Booth <input type="checkbox"/> Computer/Sensitive equip. <input type="checkbox"/> Other: | |
| Installation: <input type="checkbox"/> New <input type="checkbox"/> Replacement of existing <input type="checkbox"/> Modification of existing <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: | |
| Installation shall be in accordance with International Code requirements and will meet the following NFPA requirement (s): | |
| <input type="checkbox"/> 17A (Wet Chem) <input type="checkbox"/> UL 300 <input type="checkbox"/> (Dry Chem) <input type="checkbox"/> 11, 11A, 16 (Foam) <input type="checkbox"/> 12 (CO2) <input type="checkbox"/> 12A (Halon) | |
| <input type="checkbox"/> 2001 (Clean agent) <input type="checkbox"/> Other/Additional: | |

The contact person listed above will receive comments and/or permit approval after the plan review has been completed. A Permit and Plan Review fee will be assessed based on the total value of the project.

I hereby make application for permit to perform the work described herein, and if permit is granted, I agree to conform to all review comments, Borough Ordinances, State/International/National Codes as applicable, and applicable requirements set forth by the Borough, whether specified herein or not, and in accordance with all plans submitted. I certify that the information given is true and accurate:

Print

Sign

Date

Plan Submittal Check List

The following check list 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 Borough, State, National Fire Protection Association (NFPA), and International Code Council (ICC) requirements and to include additional information that may be specific to this system. Failure to provide the needed information will delay the review process.

Please check off as completed:

1. Name, address, phone, fax, e-mail, and state contractor's license number of the licensed contractor.
2. Creation date of plan, revision dates, point of compass, scale and graphic representation of scale.
3. 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).
4. Description and location of nozzles and pipe locations and sizes.
5. 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.
6. 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.
7. Type and function of gas valve, electrical shunts, tec. Statement that all fuel sources, including electrical appliances and fixtures (including hood lights), will terminate upon system activation.
8. Statement of installation standards (NFPA, IFC, etc.) to which the system will be installed.
9. Function/operation of make-up air and exhaust upon system activation.
10. Location of manual pull stations(s) and K extinguisher (as applicable).
11. Location of properly labeled Audio/Visual device or interconnection to fire alarm system.
12. 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 contractor.*

Pre-Inspection Check List

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

- Pre-test/functional has been completed to verify proper operation of ALL system components,
- All equipment (protected hazard) is installed and secured in place.
- Any mechanical/electrical systems have been reviewed and approved by the Codes Department.
- When fire alarm present, system properly connected to fire alarm by qualified individual. If a fire alarm sys is not present, connection to audio and visual notification device that has been clearly labeled.
- Contractor has current State License that properly indicates approval to install the permitted system or documentation provided from the manufacturer for the installation contractor.
- Permit, stamped drawings system manual(s), and needed testing equipment.
- Prepared to review the documented manufacturers testing requirements with the inspector.
- At a minimum, prepared to conduct a functional test of all devices and a balloon test.
- Provide certificated of compliance or other form of documentation attesting to proper installation.
- 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.