

OKIE SAFETY
Consulting
Sprinkler Plan
Application

File #:
Total Square Foot:
Fee \$.03 x FT ² (Minimum fee- 300.00):
Date:
Mailing Address: 16427 SW 23 rd Street, El Reno OK 73036

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?	

GENERAL

NFPA Standard used in the system design and proposed installation:	
<input type="checkbox"/> NFPA 13	<input type="checkbox"/> NFPA 13R
<input type="checkbox"/> NFPA 13D	

This proposal represents:	
<input type="checkbox"/> A new system being installed in the building	<input type="checkbox"/> Modifications to an existing system
<input type="checkbox"/> Extension of an existing system	<input type="checkbox"/> Other _____ ?

Type of Sprinkler System(s): (Check all that apply)
<input type="checkbox"/> WET <input type="checkbox"/> DRY <input type="checkbox"/> ANTI-FREEZE <input type="checkbox"/> PRE-ACTION <input type="checkbox"/> DELUGE <input type="checkbox"/> PRE-ENGINEERED OR 13D

All sprinkler head "specification sheets and UL Listings" provided in application? <input type="checkbox"/> Yes <input type="checkbox"/> No

Sprinklers omitted in any area? <input type="checkbox"/> Yes <input type="checkbox"/> No
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If yes, allowed per:

<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	NFPA 13 Omitted Areas? (specifically identify omitted areas in narrative space below)
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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)?
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<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 street side of the building?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Fire Department connections must be match the responding agency's thread?
<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?

DESIGN SPECIFICATIONS

Type of System <input type="checkbox"/> Hydraulically Calculated <input type="checkbox"/> Pipe Schedule (for areas 5,000 square feet or less and only in existing systems)
Water Supply for system determined by: <input type="checkbox"/> Area/Density Curves <input type="checkbox"/> 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)?

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?

Yes No 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?

Yes No N/A

Provide floor control valves at each floor in multi-story buildings?

Yes No N/A

Most demanding area is highlighted on plans and provided in hydraulic calculations?

FIRE PUMP INFORMATION (if applicable)

Manufacturer:

Type: Diesel Electric

Rated PSI:

Rated GPM:

Rated HP:

Controller Type:

Yes No N/A

Dedicated Electrical Service Provided

Yes No N/A

Provide a standby or emergency power supply to the fire pump with an automatic power transfer switch controller?

Yes No N/A

Provide details and catalog cut sheets on the fire pump controller?

Yes No 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.

