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U UVGO''CRRNKE'CVKQP''
 UVC'P'F'CTF'''' RCT'VKCN''
 State Form 28354 (R / 5-99)

Return to: INDIANA DEPARTMENT OF HOMELAND SECURITY
 DIVISION OF FIRE AND BUILDING SAFETY
 PLAN REVIEW BRANCH
 INDIANA GOVERNMENT CENTER SOUTH
 402 W WASHINGTON ST RM E245
 INDIANAPOLIS IN 46204-2739
 www.in.gov/dhs/2372.htm

RNGCUG'RT'P'V'ENGCTN[''

SUBMITTED BY (All correspondence will be directed to submitter)

Name of Firm or Individual				Contact Person	
Address (number and street)				Telephone Number ()	
I hereby certify to the best of my knowledge, the fire suppression system design for the listed installation location conforms to the application rules of the Fire Prevention and Building Safety Commission. Also, the design criteria for the facility is correct.					
<input type="checkbox"/> Certified Fire Sprinkler Designer Architect <input type="checkbox"/> Reg. Number _____ Engineer <input type="checkbox"/> Reg. Number _____ <input type="checkbox"/> Nicet III or IV <u>Pocket Card</u>					
Signature			Name (type or printed)		
City	State	Telephone Number ()	Fax Number ()	E-mail Address	Zip Code

OWNERS CERTIFICATION

As owner of the project for which this application is being filed, I hereby certify:

- (1) The description of facility use is correct;
- (2) the installation will be constructed in accordance with the released plans, specifications and applicable rule of the Fire Prevention and Building Safety Commission;
- (3) any changes to the release documents will be filed with the Indiana Department of Homeland Security, Division of Fire and Building Safety, Plan Review Branch.

Signature of the Owner or Legal Designee		Name (typed or printed)		Address (number and street)	
City	State	Telephone Number ()	Fax Number ()	E-mail Address ()	Zip Code

PROJECT INFORMATION

Name of Project			Project Number		
Project Address (Number and Street)		Suite or Floor		Telephone Number ()	
City	County	Facility Use	Design Professional of Record		
Closest intersecting Street or Road		Is project within city limits? <input type="checkbox"/> yes <input type="checkbox"/> no		Direction from Intersection <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West	

UGTXR'P'I 'HKT'G'F'GRCTVO'GP'V''

Name of Fire Department		Fire Department Identification Number
Address of Department (number and street, city, township, Zip code)		

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Code Review Official (Full Name)	Date Released
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HKNR'I 'TGS'WKT'GO'GP'VU''

Under the provisions of the General Administrative Rules (675 IAC 12-6-4) a design release is required for the installation or alteration of a fire suppression system, prior to start of work. Exception: Maintenance and/ or repair to existing fire suppression system need not be filed. Addition or alterations limited to those listed in GAR Section 12-6-4 need not be filed.

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HKNR'I 'HGG''	RTQEGUIR'P'I ''	RCT'VKCN''	HQWPF'CVKQP''	R'URGE'VKQP''	NCVG''HKNR'I ''	VQVCN''
			P'C''			

DOCUMENTS REQUIRED FOR FILING

1. Completed Application for Fire Suppression System.
2. Appropriate filing fees, see current fee schedule.
3. One complete set of plans, specifications and hydraulic calculations containing the following:
 - a. Ceiling construction type (noted on plans).
 - b. Full height wall cross section.
 - c. Location of area separation walls and fire rating in hours (note on plans).
 - d. Location of partitions and fire rating if required (note on plans).
 - e. Occupancy (usage) of the structure, each area or room.
 - f. Size of city main in street, static and residual pressure, flow (GPM) and whether dead end or circulating.

- k. Other sources of water supply, with pressure or elevation.
- l. Make, type and normal or nominal orifice size sprinkler heads.
- m. Total area protected by each system on each floor.
- n. Number of sprinklers on each riser per floor
- o. All control valves, check valves, drain pipes and test pipes.
- p. Total number of sprinklers on each dry pipe system, pre-action system, combined dry / pre-action, or deluge system.
- q. Type and location of hangers and sleeves.
- r. When an addition to an existing system, enough of the existing system shall be indicated to verify compliance.
- s. Hydraulic calculations which includes the water supply, sprinkler, hose stream, and in rack demands.

METHOD OF DESIGN

 Hydraulic Calculations

 Pipe Schedule

 Combination (*Hydraulic and Pipe Schedule*)

TYPES OF SUPPRESSION SYSTEM

NFPA STANDARD _____

Other _____

 Water Spray Dry Pre-Action Foam Deluge

 Carbon Dioxide Wet Standpipe Dry Standpipe Dry Chemical Wet Chemical

RI Occupancy Backflow Preventers Fire Department Seismic Bracing Return Bends

 Residential Yes No Listed Connection Yes No Yes No

 Quick Response

 Total Number of heads this Application _____ Sprinkler Data Sheets Provided Yes No

 System Supervised Proposed Existing

FACILITY INFORMATION

Number of Stories

Total Floor Area of Facility

Total Height of Building in Feet

 New Building Remodeling Building upgrade use of facility _____

 Addition Change of Occupancy Change of Use

 Hazard Classification _____ High Pile storage of racks and piles (*maximum*) _____

 Solid Racks Commodity I III
 Palletized Others _____ II IV Other _____

 Plastics A B C

Flammable / Combustible Liquids / Gases

Aerosols Type

Fireworks / Explosives

WATER SUPPLY INFORMATION

Static Pressure

PSI

Residual Pressure

PSI

Gallons per Minute

GPM

Remote area used _____ Density use _____ Hose Stream Allowance _____

 Type of supply City water main Reservoir Gravity Tank

 Private water main Private Well Other _____

 System supply Exceeds demand Yes No

 Fire Pump Required: Yes No Type: Electric Diesel Other _____

Rate: Flow

GPM

Pressure

PSI