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

FIRE SUPPRESSION
SYSTEM APPLICATION
☐ STANDARD / ☐ PARTIAL
State Form 28354 (R / 5-99)

PLEASE PRINT CLEARLY
SUBMITTED BY (All correspondence will be directed to submitter)

<table>
<thead>
<tr>
<th>Name of Firm or Individual</th>
<th>Contact Person</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address (number and street)</td>
<td>Telephone Number</td>
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</table>

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.

☐ Certified Fire Sprinkler Designer  Architect ☐ Reg. Number ☐ Engineer ☐ Reg. Number ☐ Nicet III or IV Pocket Card

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

<table>
<thead>
<tr>
<th>Name of Project</th>
<th>Project Number</th>
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</thead>
<tbody>
<tr>
<td>Project Address (Number and Street)</td>
<td>Suite or Floor</td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
<tr>
<td>City                  County</td>
<td>Facility Use</td>
</tr>
<tr>
<td>Design Professional of Record</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Closest intersecting Street or Road</th>
<th>Is project within city limits?</th>
<th>Direction from Intersection</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐ yes ☐ no</td>
<td>☐ North ☐ South ☐ East ☐ West</td>
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</table>

SERVING FIRE DEPARTMENT

<table>
<thead>
<tr>
<th>Name of Fire Department</th>
<th>Fire Department Identification Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address of Department (number and street, city, township, Zip code)</td>
<td></td>
</tr>
</tbody>
</table>

OFFICE USE ONLY

<table>
<thead>
<tr>
<th>Code Review Official ( Full Name)</th>
<th>Date Released</th>
</tr>
</thead>
</table>

FILING REQUIREMENTS

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.

<table>
<thead>
<tr>
<th>STANDARD FILING FEE</th>
<th>PROCESSING</th>
<th>PARTIAL</th>
<th>FOUNDATION</th>
<th>INSPECTION</th>
<th>LATE FILING</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>NA</td>
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</tbody>
</table>
DOCUMENTS REQUIRED FOR FILING

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
R1 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