



# FIRE SUPPRESSION SYSTEM APPLICATION

STANDARD /  PARTIAL

State Form 28354 (R / 5-99)

Return to: INDIANA DEPARTMENT OF FIRE AND BUILDING SERVICES  
PLAN REVIEW DIVISION  
OFFICE OF THE STATE BUILDING COMMISSIONER  
INDIANA GOVERNMENT CENTER SOUTH  
402 W WASHINGTON ST RM E245  
INDIANAPOLIS IN 46204-2739  
www.state.in.us/sema

### PLEASE PRINT CLEARLY

SUBMITTED BY (All correspondence will be directed to submitter)

Name of Firm or Individual <b>Ryan Fireprotection, Inc.</b>			Contact Person <b>Justin Fetters</b>		
Address (number and street) <b>9740 E. 148<sup>TH</sup> ST.</b>			Telephone Number <b>(317) 339-0229</b>		
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 checked="" type="checkbox"/> Certified Fire Sprinkler Designer    Architect <input type="checkbox"/> Reg. Number _____ Engineer <input type="checkbox"/> Reg. Number _____ <input checked="" type="checkbox"/> NICET III or IV <b>124778</b>					
Signature: <i>Justin D Fetters</i>			Name (type or printed) <b>Justin D. Fetters</b>		
City <b>Noblesville</b>	State <b>IN</b>	Telephone Number <b>(317) 339-0229</b>	Fax Number <b>(317) 770-0100</b>	E-mail Address <b>jfetters@ryanfp.com</b>	Zip Code <b>46060</b>

### 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 Office of the State Building Commissioner;

Signature of the Owner or Legal Designee <i>Tony Knoble</i>		Name (typed or printed) <b>Tony Knoble</b>		Address (number and street) <b>333 N Pennsylvania Street, Suite 100</b>	
City <b>Indianapolis</b>	State <b>IN</b>	Telephone Number <b>3172520221</b>	Fax Number <b>3174073095</b>	E-mail Address <b>tony@twgdev.com</b>	Zip Code <b>46204</b>

### PROJECT INFORMATION

Name of Project <b>32 Union</b>			Project Number <b>391355</b>		
Project Address (Number and Street) <b>Highway 32 and Union Chapel Rd</b>		Suite or Floor		Telephone Number ( )	
City <b>Noblesville</b>	County <b>HAMILTON</b>	Facility Use	Design Professional of Record		
Closest intersecting Street or Road <b>Highway 32 and Union Chapel Rd</b>		Is project within city limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Direction from Intersection <input type="checkbox"/> North <input checked="" type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West	

### SERVING FIRE DEPARTMENT

Name of Fire Department <b>Noblesville FD</b>	Fire Department Identification Number <b>29007</b>
Address of Department (number and street, city, township, Zip code) <b>135 South 9<sup>th</sup> Street, Noblesville, IN 46060</b>	

### OFFICE USE ONLY

Code Review Official ( Full Name)	Date Released
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### 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.

STANDARD FILING FEE	PROCESSING	PARTIAL	FOUNDATION	INSPECTION	LATE FILING	TOTAL
		NA	NA	NA		

## 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 13R

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 2653    Sprinkler Data Sheets Provided    Yes  No 

 System Supervised     Proposed     Existing

## FACILITY INFORMATION

 Number of Stories  
**3**

 Area  
**273381**

 Total Height of Building in Feet:  
**30**
 New Building     Remodeling     Building upgrade use of facility \_\_\_\_\_

 Addition     Change of Occupancy     Change of Use

 Hazard Classification LIGHT/ORD     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

**50**    PSI

Residual Pressure

**38**    PSI

Gallons per Minute

**1985**    GPM

 Remote area used 4 SPRKS    Density use 0.05    Hose Stream Allowance N/A

 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