

OFFICE OF STATE FIRE MARSHAL APPLICATION FOR FIRE PROTECTION PLAN REVIEW

KITCHEN HOOD / DUCT-MECHANICAL

**Sussex County**

Delaware Fire Service Center  
22705 Park Avenue Georgetown,  
DE 19947-6303  
302-856-5298 / Fax 302-856-5800

**Kent County**

Delaware Fire Service Center  
1537 Chestnut Grove Road  
Dover, DE 19904-1544  
302-739-4394 / Fax 302-739-3696

**NewCastleCounty**

Delaware Fire Service Center  
2307 MacArthur Road  
New Castle, DE 19720-2426  
302-323-5365 / 302-323-5366

1. Project Name: \_\_\_\_\_ Building: \_\_\_\_\_ Phase: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: (NC, K, S) \_\_\_\_\_

Complete Tax Parcel Number: \_\_\_\_\_ Related Project Review #: \_\_\_\_\_  
(See Page 2)

2. Scope of Work: *Please note: only one (1) hood / duct per application.* Hood Manufacturer: \_\_\_\_\_

3. Fee Calculation: Installation Costs: \_\_\_\_\_ Fee: \_\_\_\_\_ Check #: \_\_\_\_\_

*Check or Money Order made payable to the "State of Delaware" NO CASH ACCEPTED*

*Exempt Status:* State County Federal DSHA Fire Co. / Ambulance Municipality No Impact

4. Mechanical Contractor / Installer  
Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
HVACR # \_\_\_\_\_  
Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Email: \_\_\_\_\_

5. System Owner Info  
Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Email: \_\_\_\_\_

*Any incomplete application may cause a delay in the processing of the project.*

6. Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FOR OFFICE USE ONLY:

Rolled Plans

\_\_\_\_\_  
FIRE PROTECTION SPECIALIST

\_\_\_\_\_  
DATE

Plan Review # \_\_\_\_\_

Deposit / Return Date: \_\_\_\_\_



STATE OF DELAWARE  
OFFICE OF THE STATE FIRE MARSHAL

JOHN W. RUDD  
STATE FIRE MARSHAL

DOVER OFFICE  
HEADQUARTERS

**KITCHEN HOOD / DUCT - MECHANICAL PLAN SUBMITTAL**

The following items are required for submittal.

Application

1. Provide the project name with address and the county tax parcel number.  
New Castle County - <https://www3.newcastlede.gov/parcel/search/>  
Kent County - <https://pride.kentcountyde.gov/>  
Sussex County - <https://sussexcountyde.gov/sussex-county-mapping-applications>

Is this an application in conjunction with another SFMO Building Permit? If so, you shall provide Related SFMO Project Review Number in space provided in Section 1.

2. Give a brief description of the scope of work, and hood manufacturer.
3. Provide an installation cost. See below for fee calculations.
4. Provide the Mechanical contractor/Installer information with their HVACR #.
5. The system owner's information is who owns the hood.
6. The applicant shall sign and date the application. Without an applicant signature and date, the application is incomplete.

One (1) copy for each hood plan drawn to scale and shall be in accordance with NFPA 96. Include the following information as described on the DSFMO webpage.

- Exhaust fan calculations.
- Details for automatic fan operation.
- Equipment specifications.
- Termination details. Weather that be a roof plan or elevation plans for a wall termination.

**Kitchen Hood/Duct Mechanical Plan Review Fee:**

For any project less than \$21,428.57, a minimum \$150.00 fee is required for plan submittal. All others multiply the construction costs by \$0.007 for projects up to including the first million. Projects over a million its \$7,000 for the first million and the remainder is multiplied by \$0.003 added to the \$7,000. A check, money order, or cashier's check payable to the State of Delaware. NO CASH.

Kitchen hoods that are not connecting are two separate submittals.

Kitchen hoods that are connected using the same exhaust fan will be one submittal.

A light test shall be required for all welded duct work prior to the final inspection.

The General Contractor shall call for the final inspection, except for a standalone permit.

***CHECKLIST FOR APPLICANT'S REFERENCE ONLY - DO NOT INCLUDE WITH PLAN SUBMITTAL***