

OFFICE OF STATE FIRE MARSHAL APPLICATION FOR FIRE PROTECTION PLAN REVIEW

KITCHEN HOOD SUPPRESSION SYSTEM

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: _____ 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 system per application.** System Manufacturer: _____

Tank Size: _____

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. System Installer Phone: _____

Cell Phone: _____

FS Lic #: _____ FS Cert #: _____

Company Name: _____

Certificate Holder: _____

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. Certificate Holder 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 SUPPRESSION SYSTEMS PLAN SUBMITTAL

Application

The following items are required for submittal.

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 the hood suppression system manufacturer, and tank size.
3. Provide an installation cost. See below for fee calculations.
4. Provide the System Installer's information. The System Installer shall have a SFMO License # and/or a SFMO Certificate #.
5. The system owner's information: equitable owner of the Kitchen Hood Suppression System.
6. The Certificate Holder shall sign and date the application. Without an applicant signature and date, the application is incomplete.

One (1) copy for each system plan drawn to scale and shall be in accordance with NFPA 17A. Include the following information as described on the DSFMO webpage. <https://statefiremarshal.delaware.gov/plan-review-and-inspections/plan-review/fire-protection-systems-plan-submittals/>

- Floor plan showing the location of the manual actuation.
- The details on the system shall include the following:
 - Description and location of nozzles shall be shown with height.
 - Size, length, and arrangement of connected piping.
- Information shall be submitted pertaining to the following:
 - The location and function of detection devices
 - Operating devices
 - Electrical circuitry.
 - Equipment specifications.
- Each page of the plan must be signed by the certificate holder of the licensed company and note the company's license number and/or certificate holder's number.

Kitchen Hood Suppression System 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.**

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

A Hood Suppression Certificate of Completion must be filled out upon final inspection. That form may be found on the DSFMO website: <https://statefiremarshal.delaware.gov/wp-content/uploads/sites/110/2017/07/fassinstalcert.pdf>

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

DELAWARE FIRE SERVICE CENTER, 1537 CHESTNUT GROVE ROAD, DOVER, DELAWARE 19904-1544
TECHNICAL SERVICES / LICENSING (302) 739-4394, ADMINISTRATION (302) 739-5665, INVESTIGATIONS (302) 739-4447
FAX (302) 739-3696