

OFFICE OF STATE FIRE MARSHAL APPLICATION FOR FIRE PROTECTION PLAN REVIEW

NON-WATER BASED FIRE 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) system per application.***

3. System Type: Clean Agent Dry Chemical Wet Chemical C02

System Manufacturer: \_\_\_\_\_ Tank Size: \_\_\_\_\_

4. 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

5. System Installer Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
FS Lic #: \_\_\_\_\_ FS Cert #: \_\_\_\_\_  
Company Name: \_\_\_\_\_  
Certificate Holder: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Email: \_\_\_\_\_

6. 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.***

7. 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

**NON- WATER BASED FIRE SUPPRESSION SYSTEM PLAN SUBMITTALS**

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.
3. Provide the system type, manufacturer, and tank sizes.
4. Provide an installation cost. See below for fee calculations.
5. Provide the System Installer's information. The System Installer shall have a SFMO License # and/or a SFMO Certificate #. If system is monitored, provide the monitoring companies name and the SFMO CSRSL number.
6. The system owner's information: equitable owner of the Non-Water Based System.
7. 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 the applicable NFPA code/standard. 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>

- Plans shall show accurate details as required by the standard in which the system is being designed.
- Hydraulic calculations. Calculations must be signed by the certificate holder of the licensed company.
- Equipment technical data sheets.
- 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.

**NON-Water Based Fire Suppression 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.**

Upon completion, an acceptance test is required by the DSFMO. The appropriate acceptance test report shall be provided to the DSFMO upon completion. These forms can be found in the appropriate standard in which the system has been designed.

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***