OFFICE OF STATE FIRE MARSHAL APPLICATION FOR FIRE PROTECTION PLAN REVIEW <u>WATER BASED FIRE SUPPRESSION SYSTEM</u>

| 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: | Cour | County: (NC, K, S) | |
| Complete Tax Parcel Number: | | Related Project Review #: (See Page 2) | | |
| 2. Scope of Work: | | | only one (1) system per application. | |
| 3. System Type: Wet Dry | Foam S | tandpipe Only: | Type & Class / Explain above (Section 2) | |
| Number of Risers: | Fire Pump Only: | | | |
| Wet Dry Del | uge Preactio | on Standpip | e Foam | |
| 4. Fee Calculation: Installation Costs: Check or Money Order Exempt Status: State County 5. System Installer Phone: Cell Phone: | | ate of Delaware" NC A Fire Co. / Ambul 6. System Owner Inf | | |
| FS Lic #: FS Cer | ·t#: | Name: | | |
| Company Name: | | Address: | | |
| Certificate Holder: | | City: | State: Zip Code: | |
| Address: | | Email: | | |
| City: State: Z | Zip Code: | Any incom | lete application may cause a delay | |
| Email: | | in the processing of the project. | | |
| 7. Certificate Holder Signature: | | | Date: | |
| FOR OFFICE USE ONLY: | | | | |
| Rolled Plans FIRE I Plan Review # | IRE PROTECTION SPECIALIST ew # Deposi | | DATE Return Date: | |
| Doc. No. 75-01-24-01-04 | | | Update 01/24 | |



STATE OF DELAWARE OFFICE OF THE STATE FIRE MARSHAL

JOHN W. RUDD STATE FIRE MARSHAL DOVER OFFICE HEADQUARTERS

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 anther SFMO Building Permit? If so, you shall provide Related SFMO Project Review Number in space provided in Section 1. If building permit is phased, the system permit needs to be phased.

- 2. Give a brief description of the scope of work.
- 3. Provide the system type and number of risers for each.
- 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 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/

- All pages of the plans, top page of the calculations, and any other documents you produce. Shall have licensed company name, licensed SFMO number, certificate holder name printed, certificate SFMO number, certificate holder signature.
 - Equipment technical data sheets.

Water Based Fire Suppression Plan Review Fee:

For any project less than S21,428.57, a minimum S150.00 fee is required for plan submittal. All others multiply the construction costs by S0.007 for projects up to including the first million. Projects over a million its S7,000 for the first million and the remainder is multiplied by S0.003 added to the S7,000. A check, money order, or cashier's check payable to the State of Delaware. **NO CASH**.

Once approved, a hydrostatic pressure test on the system is required to be witnessed by the DSFMO. Please call to schedule an inspection prior to close in. Insulation can be in place.

Upon completion, an acceptance test is required by the DSFMO. A Materials & Test Certificate for Underground Water Main for must be filled out. You can find that form at this link. https://statefiremarshal.delaware.gov/wp-content/uploads/sites/110/2017/07/MatandTestCert.pdf

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

At the acceptance test, the Contractor's Material and Test Certificate for Aboveground Piping shall be filled out. Please find this form in the appropriate standard in which the system has been designed.

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