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**HKT'G'UWRRT'GUKQP''**  
**U UVGO ''CRRNKE CVKQP''**  
 **UVCPTFCTF''''I''**  **RCTVKCN**  
 State Form 28354 (R / 5-99)  
 ""

Return to: INDIANA DEPARTMENT OF HOMELAND SECURITY  
 DIVISION OF FIRE AND BUILDING SAFETY  
 PLAN REVIEW BRANCH  
 INDIANA GOVERNMENT CENTER SOUTH  
 402 W WASHINGTON ST RM E245  
 INDIANAPOLIS IN 46204-2739  
 www.in.gov/dhs/2372.htm

**RNGCUG'RT'P'V'ENGCTN[ ''**

**SUBMITTED BY (All correspondence will be directed to submitter)**

Name of Firm or Individual					Contact Person	
Address (number and street)					Telephone Number ( )	
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 type="checkbox"/> Certified Fire Sprinkler Designer    Architect <input type="checkbox"/> Reg. Number _____ Engineer <input type="checkbox"/> Reg. Number _____ <input type="checkbox"/> Nicet III or IV <u>Pocket Card</u>						
Signature				Name (type or printed)		
City	State	Telephone Number ( )	Fax Number ( )	E-mail Address	Zip Code	

**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 Indiana Department of Homeland Security, Division of Fire and Building Safety, Plan Review Branch.

Signature of the Owner or Legal Designee			Name (typed or printed)		Address (number and street)	
City	State	Telephone Number ( )	Fax Number ( )	E-mail Address ( )	Zip Code	

**PROJECT INFORMATION**

Name of Project				Project Number		
Project Address (Number and Street)			Suite or Floor		Telephone Number ( )	
City	County	Facility Use	Design Professional of Record			
Closest intersecting Street or Road		Is project within city limits? <input type="checkbox"/> yes <input type="checkbox"/> no			Direction from Intersection <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West	

**UGTXRPI 'HKT'G'F'GRCTVO GP V''**

Name of Fire Department				Fire Department Identification Number		
Address of Department (number and street, city, township, Zip code)						

**QHHEG'WUG'QPNI ''**

Code Review Official ( Full Name)			Date Released			
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**HKNRPI 'TGS WKI GO GP VU''**

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.

<b>UVCPTFCTF''</b>	<b>''</b>	<b>''</b>	<b>''</b>	<b>''</b>	<b>''</b>	<b>''</b>
<b>HKNRPI 'HGG''</b>	<b>RTQEGUIRPI ''</b>	<b>RCTVKCN''</b>	<b>HQWPF CVKQP''</b>	<b>R'URGEVIQP''</b>	<b>NCVG'HKNRPI ''</b>	<b>VQVCN''</b>
			<b>PC''</b>			

## 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 \_\_\_\_\_

Other \_\_\_\_\_

 Water       Spray       Dry       Pre-Action       Foam       Deluge

 Carbon Dioxide     Wet Standpipe     Dry Standpipe     Dry Chemical     Wet Chemical

RI 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 \_\_\_\_\_      Sprinkler Data Sheets Provided     Yes     No

 System Supervised     Proposed     Existing

## FACILITY INFORMATION

Number of Stories

Total Floor Area of Facility

Total Height of Building in Feet

 New Building       Remodeling       Building upgrade use of facility \_\_\_\_\_

 Addition       Change of Occupancy       Change of Use

 Hazard Classification \_\_\_\_\_       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

PSI

Residual Pressure

PSI

Gallons per Minute

GPM

Remote area used \_\_\_\_\_      Density use \_\_\_\_\_      Hose Stream Allowance \_\_\_\_\_

 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