



Utah State Fire Marshal's Office

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(801) 284-6350

AUTOMATIC FIRE SUPPRESSION SYSTEM PLAN REVIEW SUBMITTAL FORM

PROJECT IDENTIFIER: _____ Plan Number: _____

LOCATION (Address, City, Zip): _____

PARENT ORGANIZATION/COMPLEX: _____

DESIGN FIRM: _____ CONTACT: _____

ADDRESS: _____

OFFICE TELEPHONE: _____ CELL PHONE: _____

FAX: _____ EMAIL: _____

Project Occupancy Description: _____

Occupancy Type (IBC): _____

Type of Construction (IBC): _____

Kitchen Type: _____ Hood Type: _____

Duct Size: _____ ft. Multiple Story Duct: _____ / _____ ft. Horizontal Ducts: _____ / _____ ft.

Access Panel (door) Type: _____ Number of Access Panels Required: _____

Kitchen Length: _____ Kitchen Width: _____ Total Square Footage: _____

Height of Kitchen: _____ ft. Hood Size: Length: _____ Width: _____ Height _____

Kitchen Ventilation Criteria: _____ Expected Draw: _____ cfm

Fan Type: _____ Expected Draw: _____ cfm

Is the Kitchen Fitted with Fire Sprinklers? _____ Is the Kitchen Fitted with a Fire Alarm System _____

Water Supply for Pirana Type Systems: Flow _____ (GPM) Static _____ (psi) Residual _____ (psi)

NOTE: Water supply information must be exclusive to the system and included with submittal before review can begin.

The following items **must** be submitted **prior** to system installation, **or the drawings will not be accepted for review.**

Check the appropriate box which indicates the items that are enclosed:

☐ Suppression System Plans / Drawings ☐ Hood & Duct Drawings with Fan Housing.

☐ Fire Protection Plans ☐ Hardware Cut Sheets (access panels, etc.)

☐ Specifications ☐ Other: _____

☐ Water Supply Analysis (for Pirana type systems only.)

Plan review turn-around time, plan for 10 days from date of receipt to performance letter sent.

SIGNATURE _____ DATE _____

OFFICE USE ONLY

Plan No. _____ Date Rec'd _____ Time Rec'd _____ Rec'd by _____