

# Fairfield Town

Utah County, Utah

## Fire Suppression and Fire Alarm Application

**Project name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Scope of work square footage for review invoice: \_\_\_\_\_

Square feet x .022\$ = \$ \_\_\_\_\_ Note: minimum fee is \$85.

Failure to submit all required items may result in the rejection of the submittal.

**Fees must be paid before the plan review will be released.**

**Location (address & city):** \_\_\_\_\_

Company submitting plans: \_\_\_\_\_ License #: \_\_\_\_\_

Address: \_\_\_\_\_

Contact name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

### Design professional/ firm(If applicable):

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

### Water supply analysis information

\*Must be provided per state laws and rules –  
r710-4-5

(a. b. c.)

Static pressure (psi): \_\_\_\_\_

Residual pressure (psi): \_\_\_\_\_

Flow (GPM): \_\_\_\_\_

### Automatic sprinkler drawings:

Number of sheets: \_\_\_\_\_ dated: \_\_\_\_\_

### Hydraulic calculations:

Number of sets: \_\_\_\_\_ dated: \_\_\_\_\_

Seismic calculations

### Source of information:

Water Supply Analysis

Water Purveyor

Flow Test Performed by:

### Fire Alarm System Submittal (NFPA 72)

Complete this section for any new system, addition, tenant improvement, or modification to existing systems.

### 1) System Overview

- **Scope (check all that apply):**  New  TI/Alteration  Addition  Replacement  Monitoring  
Only scope applies where no new initiating or notification devices are installed.
- **System type:**  Addressable  Conventional  Hybrid
- **Primary function(s):**  Protection only  Releasing service (specify): \_\_\_\_\_  **Elevator recall**  Smoke control interface
- **Occupancy/use:** \_\_\_\_\_ **Stories:** \_\_\_ **Construction type:** \_\_\_\_\_ **Alarm system required by:**  Code  Owner  Other

## 2) Equipment & Components

- **Fire Alarm Control Unit (FACU) brand/model:** \_\_\_\_\_
- **Remote panels/annunciators:** \_\_\_\_\_
- **Power supplies/NAC expanders (models & locations):** \_\_\_\_\_
- **Initiating devices:**
  - Smoke detectors  Heat detectors  Duct detectors  Manual pull stations  Waterflow  Tamper  Beam/aspirating (specify) \_\_\_\_\_
- **Notification appliances:**
  - Horn  Strobe  Horn-strobe  Speaker  Speaker-strobe  Low-frequency (520 Hz) in sleeping areas
  - Candela settings provided on plans:  Yes
- **Control interfaces:**
  - Elevator  HVAC shutdown  Kitchen hood  Fire pump  Door hold-opens  Smoke control  Sprinkler riser waterflow/tamper

## Calculations & Technical Documentation (attach)

- Battery standby/alarm calculations** for each power supply (include AH capacity, 24-hr standby/5-min alarm or as required)
- Voltage drop/NAC or SLC loading calculations** with wire sizes and lengths
- Audibility/intelligibility** summary and test plan (include design dBA and, where required, STI-PA or equivalent)
- Wiring legend & conductor types/gauges** (class/style per NFPA 72)
- Floor plans & riser/one-line diagrams** identifying device addresses, circuit class/style, and candela settings
- Sequence of Operations / I-O Matrix** (cause & effect)
- Manufacturer data sheets** (cut sheets) for all listed components
- Record of Completion** (to be provided prior to final)
- Monitoring service agreement** and **UL Listing** (if applicable)
- As-built drawings** to be provided at final acceptance

## Monitoring & Communications

- **Supervising station company:** \_\_\_\_\_ **License #** \_\_\_\_\_
- **Signal transmission method:**  Dual-path  Cellular  IP  Radio/DACT (where permitted)
- **Account #/Site ID:** \_\_\_\_\_

## Testing, Inspection, and Notifications

- **Pre-test performed prior to AHJ:**  Yes
- **Impairment/Outage plan provided (if applicable):**  Yes
- **Proposed acceptance test date(s):** \_\_\_\_\_
- **Responsible onsite representative for testing:** \_\_\_\_\_ Phone: \_\_\_\_\_

## Existing System Modifications (if applicable)

- **Existing FACU model & software version:** \_\_\_\_\_
- **Compatibility listed with new devices:**  Yes (documented)
- **Affected circuits/loops identified on plans:**  Yes
- **Method of occupant notification during outage:** \_\_\_\_\_

## Designer/Installer Certification.

I certify that the plans and documents submitted comply with applicable adopted codes and standards.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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### Office Use:

Received: \_\_\_\_\_ Issued: \_\_\_\_\_

Fees: \_\_\_\_\_ Receipt: \_\_\_\_\_

**Keep permit for future inspections**

**Permit Number:** \_\_\_\_\_