KITCHEN AUTOMATIC FIRE SUPPRESSION SYSTEM
PLAN REVIEW - SUBMITTAL FORM

PROJECT DISCISSION: ________________________________________________________________

LOCATION: __________________________________________________________________________

PARENT ORGANIZATION/COMPLEX: _______________________________________________________

DESIGN FIRM: __________________________________ CONTACT: _____________________________

ADDRESS: _____________________________________________________________________________

PHONE: __________________________ FAX: __________________ EMAIL: ________________________

Expected Completion Date: ________________ Expected 70% Completion Date: ________________

Description of Occupancy: __________________________ Occupancy Type (IBC): _________________

Kitchen Layout: ___________________________ (Exiting, Exit Lighting, ABC & K Extinguisher & Pull Station locations)

Type of Kitchen: ___________________________ Patrons Serving: ______________________________

Number of Stories: _____ Height of Structure: _________ Kitchen SqFt _________________________

Type of Hood: ______________ Hood Length: __________ Height: __________ Width: ___________

System Manufacturer: __________________________ Type of AFSS: _____________________________

Number of Tanks: __________________________ Tank size: __________________ Agent: __________

Flow Points Supported by the System: ______________ Water Supply: _________________________

Isometric view and description of nozzles with location: __________ Type of Appliances Protected: __________

Maximum length, size and arrangement of connection piping – May be combined with Isometric view:

Identify associated equipment, fire dampers, fixed or adjustable baffles with water wash systems, ultra-violet protections or any other anomaly that might be connected with this system.

Turn page over.
The following items **must** be submitted with the drawings, or the drawings will not be accepted for review. Check the appropriate box which indicates the items that are enclosed:

- [ ] System specifications/data
- [ ] Nozzle Coverage Summary
- [ ] Duct & Plenum protection detail
- [ ] Mechanical sealing detail
- [ ] Extinguishing agent data sheet
- [ ] Associated equipment specifications
- [ ] Fusible link type, temperature and hanger detail
- [ ] Cable-conduit, pulley elbows and connectors
- [ ] Pipe size, fitting, tubing, hose and hanger detail
- [ ] Appliance summary
- [ ] Detector data
- [ ] Associated sprinkler and/or water systems

Utah State Fire Marshal License: ____________ Certificates of Registration: ____________ Expiration dates.

SIGNATURE __________________________________________   DATE _______________________________

OFFICIAL USE ONLY

Plan No.______________ Date Rec’d_______________ Time Rec’d ______________ Rec’d by _______________

*Attach completed form to the plan submittal packet.*