



25853 John M. Snook Drive
Orange Beach, AL 36561
Phone: 251-981-6166

Fixed Extinguishing System

Fixed Extinguishing System Submittal Requirements and Checklist

CONTRACTOR INFORMATION

PROJECT INFORMATION

Name:

Name:

Address:

Address:

Suite#:

City, State, & Zip:

City, State, & Zip:

Phone:

CHECK ONE:

First Submittal

Re-Submittal

Additional Submittal

Reference Notes

- Use this checklist when installing a new fixed extinguishing system or modifying an existing system.
- Referenced Standards: 2018 editions of the IBC/IFC and applicable NFPA standards.

All plans shall be folded to fit an 8 1/2" X 11" folder. ***Digital submissions are also acceptable.***

The planner shall mark with an "X" beside each line below to indicate the information is included with the submittal or indicate with "N/S" if not applicable.

INCOMPLETE PLAN SUBMITTALS WILL BE RETURNED WITHOUT A REVIEW.

Provide the following on all plan sheets (3 Sets required):

- ___ 1. Company Name, Address, City, State & Zip, Phone Number and City Business License #
- ___ 2. Project Name, Address, City, State & Zip
- ___ 4. Scale (1/8" = 1' Minimum, 1/16" = 1' acceptable for large buildings)
- ___ 5. Occupant/owner information is provided (i.e. names, addresses, and phone numbers)
- ___ 6. All graphical information is provided. (Scale, points of compass, matchlines, etc)
- ___ 7. Building information. (Occupancy classification, construction type)



- ___ 8. Provide all relevant building information. (Wall types, ceiling elevation, concealed spaces, elevation views)
- ___ 9. The installer's name, certification, and date of the last manufacturer's training school attended; also include a copy of your certificate.
- ___ 10. Clearly indicate all of the systems components including a piping diagram.
- ___ 11. Provide the number and dimensions of all exhaust ducts including the location, number, and height of all protection nozzles.
- ___ 12. Provide the number and dimensions of all plenums including the location, number, and height of all protection nozzles.
- ___ 13. Provide the number, description, and dimensions of all appliances being protected including the location, number, and height of all protection nozzles.
- ___ 14. Provide the number, location, and temperature rating of all detection devices.
- ___ 15. Provide the number and location of all manual activation devices.
- ___ 16. Provide the type of fuel being utilized and type of shutoffs provided.
- ___ 17. Provide the location, type, and size of all portable fire extinguishers.
- ___ 18. The method of annunciation must be indicated (must activate building fire alarm system, if present).
- ___ 19. Booth specifications and UL Listing information if applicable.
- ___ 20. Ventilation specifications and CFM calculations if applicable.
- ___ 21. Make-up air system shall shut down when the system activates.
- ___ 22. "Cloud", or Indicate, Revisions on Re-submittal or Additional Submittals
- ___ 23. Symbol Legend – quantities of each device.

I hereby certify that this submittal contains the information required by City of Orange Beach fire codes and standards.

Signature: _____

Print Name: _____ Telephone #: _____

The contractor is expected to be aware of and conform to all applicable regulations pertaining to this project. Any error or omission on the part of the Orange Beach Fire Department should not be misinterpreted as permission to install a system incorrectly.

If you have any questions, or require additional information I can be reached at:

Office: 251-981-6166
Email: nbauer@obfd.org
W. Nelson Bauer, Deputy Fire Marshal
Orange Beach Fire Department