



North Ada County Fire Rescue District

5800 Glenwood, Garden City, ID 83714
Ph: (208) 375-0906 Fax: (208) 375-0966

Fire Sprinkler Permit Application for T.I., Remodels, Upgrades

Date: _____

Project Name: _____

Project Address: _____

Occupant: _____

Owner: _____

Sprinkler Contractor: _____ Contact: _____

Address: _____ Zip Code: _____

Phone: _____ Fax: _____ E-Mail: _____

Fee Schedule:

The fee will be determined as per the North Ada County Fire Rescue current fee schedule for Fire Sprinkler Plan Reviews to be charged to the contractor.

Total heads added _____ Total heads relocated _____ Total heads removed _____

Tenant improvement (T.I.) of an existing approved fire sprinkler system that meets the set criteria will be reviewed and inspected.

Set Criteria:

1. A project involving 1 to 20 heads, whether removed, relocated or added, not affecting existing hydraulic remote areas.
2. All material and pipe schedules shall match the existing, with the exception of hanger material.
3. Any alteration of the existing riser, supply main, cross main, hydraulic remote area or to the fire department connection will result in a requirement of a full submittal as per current NFPA requirements.

Submittal Requirements

A submittal shall include 4 sets of which 3 will be returned to the contractor post review. Attach a T.I. review application to each set to be submitted. T.I. plan submittal should include but not be limited to the following:

Approximate Date System Was Installed

Year: _____ Unknown (Best Guess: _____)

Construction Type in Area of Modification

- Unobstructed Obstructed (Ref/type NFPA 13:A.3.7.1) _____
- Combustible Non-Combustible, Limited Combustible (Ref NFPA 13:3.3.14)

Type of System

- Wet Gridded Tree Dry Looped Circulating Closed-Loop
- Deluge Antifreeze: Solution Type (if known) _____ Capacity (if known) _____
- Dry Pipe Pre-action Other: _____

Existing Flow Information (if known)

Static: _____ Residual: _____ Flowing _____
Density _____ Area _____ Flowing # of Heads _____
of Heads affected in this scope: _____ Design Ref: NFPA: _____

Occupancy Hazard

- Light Ordinary Grp 1 Ordinary Grp 2 Extra Grp 1 Extra Grp 2
- Special Design Method (elaborate): _____

Building Occupancy Groups (, if known)

- S-1 S-2 A's, B's, E's, I's M F's H's R-1 R-2 R-4
- Other: _____ (Reference IFC Chapter 2, IFC Section 903.2)

Original-Sprinkler Design Spacing: _____.

Original Area of Sprinkler Operation: _____.

Riser location in relation to the scope of work: _____.

Evidence Provided? Yes No. Provided? If not, why? _____.

Existing Fire Sprinkler Make/Brand: _____, _____, _____, _____.

Sprinkler Model/s: _____, _____, _____, _____. Thread Size/s: _____, _____, _____, _____.

Orifice K- factor/s: _____, _____, _____, _____. SSU's SSP's HSW's VSW's ELO

Dry SSP/SSU/HSW's Quick Response Standard Response Extended Coverage ESFR

Provided the Current Sprinkler Data Sheets for the head/s to be installed (each type specifically identified)

Test Area Previously Applied: NFPA 13:11.2.3.2.4 (Q.R. modifier applied)? No Yes Unknown

Original Ceiling Height: _____ ft. _____ in. New Ceiling Height: _____ ft. _____ in.

Roof/Ceiling Slope: ft _____ in _____. Known (existing) Density: _____

Area Per Head Spacing-Existing: _____ ft/2 New: _____ ft/2.

Other pertinent and/or relevant information for clarification:

A concise written response to all items noted from the plan review is required. Submit the response a minimum of 72 hours prior to final inspection. It is our intention to streamline the T.I. submittal process and plan review. All upgrades are subject to field inspection, and at our discretion, a complete plan submittal shall be required based on known pertinent information being withheld.