

FIRE PROTECTION PLAN REVIEW

PERMIT
NUMBER



New Kent Building Development
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PROJECT

Name _____ Date: _____
Address _____
City _____ State: _____ Zip: _____

OWNER

Name _____
Address: _____ Phone: _____
City _____ State: _____ Zip: _____
Email: _____

WORK DONE BY

Name _____ Owner Contractor (Check one)
Address: _____ Phone: _____
City _____ State: _____ Zip: _____
State Contractors License Number: _____ Class: A B C
Project Cost: \$ _____ Email: _____

PROJECT DESCRIPTION

Fire Alarm Sprinkler Hood Exhaust Hood Suppression Special Hazard
SYSTEM IS: New Installation Addition to an Installation Upgrade to an Installation
 Other: _____
Date of Edition: _____ NFPA 12 NFPA 13 NFPA 13D NFPA 13R NFPA 14
 NFPA 15 NFPA 16 NFPA 17A NFPA 72 NFPA 96 NFPA 2000 NFPA 2001
Other: _____

FIRE ALARM ONLY

TYPE OF SYSTEM: Local Remote Central Proprietary
SECONDARY POWER: Generator Batteries: 24 HR Batteries: 60 HR Other:

SPRINKLER SYSTEM ONLY

Number of Risers: _____ Wet _____ Dry _____ Deluge _____ Preaction _____
Most Demanding System: Wet Dry Deluge Preaction: _____
Hazard Classification: _____ Total Area Protected by System: _____
Design Area: _____ Sq ft Density: _____ GPM Area Sprinkler: _____ Sq Ft
Water Supply: Residual Pressure: _____ PSI Flow: _____ GPM Total System Demand: _____ Sq Ft
Fire Pump: Yes No Rating: _____ GPM Concealed Combustible Spaces: Yes No

HOOD SUPPRESSION SYSTEM ONLY

TYPE OF SYSTEM: Wet Chem Dry Chem Sprinkler

Other: _____

System Description: _____

Number of Flows Required: _____ Number of Flows Available: _____

SPECIAL HAZARD SYSTEM ONLY

Description: _____

PERMITS MUST BE OBTAINED BEFORE WORK IS COMMENCED. PERMIT FEES MAY BE DOUBLED FOR ANY WORK PERFORMED BEFORE PERMIT IS OBTAINED.

APPLICANTS ARE RESPONSIBLE FOR COMPLYING WITH THEIR SUBDIVISION'S CONVENANTS/REGULATIONS. I CERTIFY THAT ALL INFORMATION PROVIDED FOR IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I HEREBY AGREE TO COMPLY WITH ALL PROVISIONS OF THE VIRGINIA UNIFORM STATEWIDE BUILDING CODE, IBC, AND NFAP, AS WELL AS WITH REGULATIONS IN THE BUILDING CODE, ZONING ORDINANCE AND HEALTH DEPARTMENT OF THE COUNTY OF NEW KENT. THIS PERMIT BECOMES INVALID IF AUTHORIZED WORK IS NOT COMMENCED WITHIN SIX MONTHS AFTER ISSUANCE.

SIGNATURE OF APPLICANT/AGENT/OWNER

DATE

OFFICE ONLY

Permit Fee: \$ _____ Surcharge: _____ Zoning: _____

Date: _____ Check Cash

COMMISSIONER OF REVENUE OFFICE

Commissioner of Revenue: _____ Date: _____

Business License: Yes No N/A

DESCRIPTION OF PROPERTY

Tax Map Parcel Number: _____ Lot No.: _____ Zone: _____ Block: _____

District: _____ Subdivision: _____ Section: _____

Use Group: _____

BUILDING OFFICIAL

DATE

APPROVED DISAPPROVED