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OFFICE OF STATE FIRE MARSHAL

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APPLICATION FOR FIRE PROTECTION PLAN REVIEW - FIRE PROTECTION SYSTEM

Sussex County
Delaware Fire Service Center
22705 Park Avenue
Georgetown, DE 19947-6303
302-856-5298/Fax 302-856-5800

Kent County
Delaware Fire Service Center
1537 Chestnut Grove Road
Dover, DE 19904-1544
302-739-4394/Fax 302-739-3696

New Castle County
Delaware Fire Service Center
2307 MacArthur Road
New Castle, DE 19720-2426
302-323-5365/Fax 302-323-5366

1. Project Name: Building Unit Phase
Subdivision/Complex / Address:
City: Zip Code County (NC, K, S): Number of Stories:
Complete Tax Parcel Number: Square Footage:

2a. Project Description: Fire Alarm Sprinkler Hood Exhaust Hood Suppression Special Hazard
b. System is: New Installation Addition to an Installation Upgrade to an Installation Other

3. 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

4. Fee Calculation: Installation Cost: Fee: Check #: Deposit/Rtn Date:
Exempt Status: State County Federal DSHA Fire Company/Amb Municipality
(Check or Money Order made payable to the "State of Delaware") NO CASH ACCEPTED

5. Fire Alarm Only: Type of System: Local Remote Central Proprietary

6. Sprinkler System Only: Number of Risers Wet Dry Deluge Single-Interlock Preaction Double-Interlock
Most Demanding System: Wet Dry Deluge Preaction:
Fire Pump: Yes No Rating: GPM

7. Hood Suppression System Only: Type of System: Wet Chem Dry Chem Sprinkler Other:
System Description:
Number of Flows Required: Number of Flows Available:

8. Special Hazard System Only:
Description:

9. Applicant
Phone: Cell Phone: Fax:
FMO LIC #: \*\*FMO CERT #
Name: Address:
City: State: ZipCode:
Email:

10. Property Owner
Phone: Cell Phone: Fax:
Name: Address:
City: State: ZipCode:
Email:

Any approval of the submitted project documents does not relieve the owner, designer, contractor, or designated representative from their responsibility to comply with applicable provisions of the Delaware State Fire Prevention Regulation.

11. CERTIFICATE HOLDER Signature: Date:
\*\*Signature required

FOR OFFICE USE ONLY:

FIRE PROTECTION SPECIALIST DATE
I.D. # Plan Review # Rolled plans



STATE OF DELAWARE  
OFFICE OF THE STATE FIRE MARSHAL

GROVER P. INGLE  
STATE FIRE MARSHAL

DOVER OFFICE  
HEADQUARTERS

**Fire Protection Systems Plan Submittals**

**Is your fire protection plan drawn to scale; unique and exclusive of all other plans (including electrical, mechanical, and plumbing plans); and does it include the following information?**

- Name and address of building
- Plan date
- Owner of the building
- Name and address of applicant submitting plans
- Licensed company's name
- Licensed company's address
- Licensed company's phone number
- Licensed company's SFMO license number
- Certificate Holder's name
- Certificate Holder's signature
- Certificate Holder's SFMO Certificate Number
- Reflected ceiling plan indicating device locations
- Cross section plan of building including concealed spaces (attics, crawl spaces, etc.)
- Technical Documents and Manufacturer's Specifications
- All other information as required by the applicable NFPA documents, as adopted and/or modified by the Delaware State Fire Prevention Regulations.

**Do you have the following items ready for submittal?**

- One (1) copy (for each system) of your fire protection system plans, calculations, and specifications
- Application for Fire Protection Plan Review
- Fire Protection System Plan Review Fee: Multiply the construction costs by \$0.007 for the first million, and \$0.003 over the first million (check, money order, or cashier's check made payable to State of Delaware) NO CASH. A minimum \$150.00 Fire Protection System Plan Review Fee is required for any plan submittal