



Office of the State Fire Marshal
1700 MacCorkle Avenue SE – 4th Floor North
Plans and Review Division
Charleston, WV 25314
304-558-2191

Application for Review of Sprinkler System Plans

REQUIREMENTS FOR SPRINKLER SYSTEM PLANS REVIEW

- A completed Plans Review Application shall be completed by the plans submitter and shall be filled out in its entirety.
- Sprinkler Plans shall be submitted via **hard copy AND USB flash drive only.**
- A complete set of plans shall include:
 - Layout of building indicating:
 - Sprinkler system & devices for system.
 - Fire Department connection location.
 - All valves, tamper flow switches, and gauges.
 - Hydraulic calculations.
 - Water flow test information.
 - Proposed location and approximate size of water supply tanks and pumps.
 - Underground piping and size location.
 - Sprinkler System shall be designed by personnel who are NICET level 3 or 4 certified.
 - Fire Pump Plans shall include:
 - Controller manufacturer and model.
 - Pump manufacturer and model.
 - Pump gallons per minute.

All plans being submitted to our agency for review **MUST** be accompanied by the appropriate request application. All applications can be found on our website by type of review. If this form is **NOT** received within thirty (30) days of receipt of plans, the plans submission may be discarded. If the request application is not completed, it will be returned for resubmission.

Review Fee includes **ALL** Construction Inspections, the Final Inspection, and the Occupancy Permit and will be billed after review and processing.

If you have any further questions, please contact our office at 304-558-2191.

Please submit your completed Plans Review Application and Plans to:

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New Application Resubmittal Prior Walk-In Review

PROJECT INFORMATION

Project Name					
Street Address					
City		State		Zip	
County					

SCOPE OF WORK

New Existing Modifications

Occupancy Type as Defined by NFPA 101, Life Safety Code:	Total Square Footage:	System Type: 13 <input type="checkbox"/> 13D <input type="checkbox"/> 13R <input type="checkbox"/>
Description of Project:		
Estimated Starting Date:		

SYSTEM INFORMATION

Riser Quantity and Size:	Gallons Per Minute:
Supply Flow:	Domestic Static Pressure:
Domestic Residual Pressure:	Number of Heads:
System Demand Flow Required:	



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FIRE PUMP INFORMATION

Fire Pump Manufacturer:	Fire Pump Model:
Fire Pump Controller Manufacturer:	Fire Pump Controller Model:
Fire Pump Size:	Fire Pump Type:
Fire Pump Gallons Per Minute:	Fire Pump Churn Pressure:
Fire Pump Static Pressure:	Fire Pump Residual Pressure:



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PROJECT/PROPERTY OWNER CONTACT INFORMATION

Project/Property Owner Name					
Street Address					
City		State		Zip	
Email Address					
Phone Number					

PLANS SUBMITTER CONTACT INFORMATION

Submitter Name					
Submitter Company					
Street Address					
City		State		Zip	
Email Address					
Phone Number					

BILL INVOICE TO

Name					
Company					
Street Address					
City		State		Zip	
Email Address					
Phone Number					

Signature: _____ Date: _____