



Department of Military Affairs and Public Safety

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OFFICE OF THE STATE FIRE MARSHAL

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CARPET

Resubmittal: __Yes __No

Plan of Corrections: __Yes __No

NOTE: ALL BLANKS MUST BE COMPLETED OR PLAN REVIEW MAY BE DELAYED UNTIL ALL INFORMATION IS RECEIVED.

Project Name: _____

Street Address: _____

City: _____ Zip: _____ County: _____

Owner: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Plan Submitter: _____ Phone: _____

Address: _____

Occupancy Type (as defined by NFPA 101, Life Safety Code): _____

Is the building sprinklered: __Yes __No

Description of room to be carpeted: _____

The following test reports are required for review of carpet being installed:

- 1.) NFPA 253 Critical Radiant Flux test report from nationally recognized laboratory.
2.) ASTM E-662 Specific Optical Density of Smoke Generation test report from a nationally recognized laboratory.

Name: _____ Signature: _____

Bill Invoice To: _____

ONE SET OF PLANS AND SPECIFICATIONS REQUIRED – ADDITIONAL SETS WILL BE RETURNED UPON REQUEST IF SHIPPING AND BILLING INFORMATION IS PROVIDED.