



Department of Military Affairs and Public Safety

Earl Ray Tomblin, Governor
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OFFICE OF THE STATE FIRE MARSHAL

1207 Quarrier St, 2nd Floor
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HOOD SUPPRESSION SYSTEM

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: \_\_\_\_\_

Plans Submitter: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Approx. date of start: \_\_\_\_\_ Plans submitted on CD: \_\_Yes \_\_No

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

Total Square Footage: \_\_\_\_\_ Does building have a Fire Alarm System: \_\_ Yes \_\_No

System Manufacturer: \_\_\_\_\_ (PROVIDE MANUFACTURER DATA)

PROVIDE LAYOUT OF KITCHEN WITH SUBMITTAL.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Bill Invoice To: \_\_\_\_\_

REVIEW FEE INCLUDES ALL CONSTRUCTION INSPECTIONS, FINAL INSPECTION AND THE OCCUPANCY PERMIT.

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