



Department of Military Affairs and Public Safety

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OFFICE OF THE STATE FIRE MARSHAL

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SPRINKLER 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: _____

Plan Submitter: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Approx. Date of start: _____ Plan Submitted on CD: __Yes __No

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

Total Square Footage: _____

System Type: [] 13 [] 13D [] 13R [] Low Hazard [] Ordinary [] Extra Hazard

Number of each type Sprinkler Heads: _____

Total number of Sprinkler Heads: _____ Standpipe: _____

Provide Fire Pump Type with Manufacturer Data GPM: _____

Name: _____ Signature: _____

Bill Invoice To: _____

ONE SET OF PLANS AND SPECIFICATIONS ARE REQUIRED - ADDITIONAL SETS RETURNED UPON REQUEST WITH SHIPPING AND BILLING INFORMATION PROVIDED WITH SUBMITTAL.