

# FIRE PROTECTION PLAN REVIEW

PERMIT  
NUMBER



New Kent Building Development  
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## PROJECT

Name \_\_\_\_\_ Date: \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## OWNER

Name \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email: \_\_\_\_\_

## WORK DONE BY

Name \_\_\_\_\_  Owner  Contractor (*Check one*)  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
State Contractors License Number: \_\_\_\_\_ Class:  A  B  C  
Project Cost: \$ \_\_\_\_\_

## PROJECT DESCRIPTION

Fire Alarm  Sprinkler  Hood Exhaust  Hood Suppression  Special Hazard  
**SYSTEM IS:**  New Installation  Addition to an Installation  Upgrade to an Installation  
 Other: \_\_\_\_\_  
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: \_\_\_\_\_

## FIRE ALARM ONLY

TYPE OF SYSTEM:  Local  Remote  Central  Proprietary  
SECONDARY POWER:  Generator  Batteries: 24 HR  Batteries: 60 HR  Other:

## SPRINKLER SYSTEM ONLY

Number of Risers: \_\_\_\_\_ Wet \_\_\_\_\_ Dry \_\_\_\_\_ Deluge \_\_\_\_\_ Preaction \_\_\_\_\_  
Most Demanding System:  Wet  Dry  Deluge  Preaction: \_\_\_\_\_  
Hazard Classification: \_\_\_\_\_ Total Area Protected by System: \_\_\_\_\_  
Design Area: \_\_\_\_\_ Sq ft Density: \_\_\_\_\_ GPM Area Sprinkler: \_\_\_\_\_ Sq Ft  
Water Supply: Residual Pressure: \_\_\_\_\_ PSI Flow: \_\_\_\_\_ GPM Total System Demand: \_\_\_\_\_ Sq Ft  
Fire Pump:  Yes  No Rating: \_\_\_\_\_ GPM Concealed Combustible Spaces:  Yes  No

## HOOD SUPPRESSION SYSTEM ONLY

TYPE OF SYSTEM:  Wet Chem  Dry Chem  Sprinkler

Other: \_\_\_\_\_

System Description: \_\_\_\_\_

Number of Flows Required: \_\_\_\_\_ Number of Flows Available: \_\_\_\_\_

**SPECIAL HAZARD SYSTEM ONLY**

Description: \_\_\_\_\_

**PERMITS MUST BE OBTAINED BEFORE WORK IS COMMENCED. PERMIT FEES WILL BE DOUBLED FOR ANY WORK PERFORMED BEFORE PERMIT IS OBTAINED.**

**APPLICANTS ARE RESPONSIBLE FOR COMPLYING WITH THEIR SUBDIVISION'S CONVENANTS/REGULATIONS.** I CERTIFY THAT ALL INFORMATION PROVIDED FOR IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I HEREBY AGREE TO COMPLY WITH ALL PROVISIONS OF THE VIRGINIA UNIFORM STATEWIDE BUILDING CODE, IBC, AND NFAP, AS WELL AS WITH REGULATIONS IN THE BUILDING CODE, ZONING ORDINANCE AND HEALTH DEPARTMENT OF THE COUNTY OF NEW KENT. THIS PERMIT BECOMES INVALID IF AUTHORIZED WORK IS NOT COMMENCED WITHIN SIX MONTHS AFTER ISSUANCE.

\_\_\_\_\_  
SIGNATURE OF APPLICANT/AGENT/OWNER

\_\_\_\_\_  
DATE

**OFFICE ONLY**

Permit Fee: \$ \_\_\_\_\_ Surcharge: \_\_\_\_\_ Zoning: \_\_\_\_\_

Date: \_\_\_\_\_ Check  Cash

**COMMISSIONER OF REVENUE OFFICE**

Commissioner of Revenue: \_\_\_\_\_ Date: \_\_\_\_\_

Business License: Yes  No  N/A

**DESCRIPTION OF PROPERTY**

Tax Map Parcel Number: \_\_\_\_\_ Lot No.: \_\_\_\_\_ Zone: \_\_\_\_\_ Block: \_\_\_\_\_

District: \_\_\_\_\_ Subdivision: \_\_\_\_\_ Section: \_\_\_\_\_

Use Group: \_\_\_\_\_

\_\_\_\_\_  
BUILDING OFFICIAL

\_\_\_\_\_  
DATE

APPROVED  DISAPPROVED