

DATE: _____

BUILDING PERMIT #: _____

**CITY OF EDMOND BUILDING DEPARTMENT
FIRE EXTINGUISHING SYSTEM PERMIT APPLICATION**

Applicant Name _____ Contact Name _____

Mailing Address _____ City _____ State _____ Zip _____

Office Phone _____ E-Mail _____ Fax _____

Designer Name _____ Phone _____

(If Different From Above)

Project Name _____

Project Address _____

Complete if Sprinkler

Please Check If: Commercial Residential Required System
New System Modification to Existing System

Quick Opening Device: Yes No

Occupancy Type _____ Total Square Feet Covered by System _____

Applicable Code: NFPA13 NFPA13R NFPA13D NFPA Modified 13

Type of System: Sprinkler: Wet Dry Preaction Deluge

System Design: Hydraulic Calculation Pipe Schedule

Design Date _____ Original Install Date _____

Sprinkler System Design Criteria

Hazard Classification: Light Ordinary Extra

Design Density _____ Area of Application _____ Total of Heads Calculated _____

If New System, please provide the following:

Sprinkler System Water Flow Req'd _____ Total Water Flow Req'd _____

Static Pressure _____ Residual Pressure _____

Flow (GPM) _____ Last Test Date _____

Complete if Special Hazard

Please Check If: Engineered Pre-Engineered

Special Hazard System: _____ Type of System\Agent: _____
(Manufacturer)

If Special Hazard, What Equipment Is To Be Protected? _____

SIGNATURE _____ DATE _____

Note: Completed application should include a minimum of two (2) sets of plans