The purpose behind issuing permits over the counter is to reduce plan review time. All permits issued over the counter are subject to field inspection with the understanding that applicants are ultimately responsible for code compliant construction practices. The applicant assumes the responsibility to correct all code deficiencies regardless of conditions. If you prefer to waive over the counter processing, use Form 203: Fire Sprinkler Submittal Checklist.

SECTION 1: GENERAL INFORMATION – Complete the following:

- Quick Response Head Change Out: _____ Heads – K factor and spacing must match existing. No head relocations.
- Recalled Head Change Out: _____ Heads – K factor and spacing must match existing. No head relocations.
- Tenant Improvement/Alteration:
  - Relocating ___________ Heads
  - Adding ___________ Heads
  - Capping/Plugging ___________ Heads

  TOTAL ______ (Maximum 20 heads)

Verify Each of the Following Required Conditions by checking the boxes below:

- All work completed in accordance with applicable IFC/IBC, NFPA standards, and City ordinances.
- No change of use:
  - Previous use (if known): ________________________________
  - Proposed use: ________________________________
- Work will not change hydraulic calculations.
- No moving/relocating mains or cross mains.
- Limited Light or Ordinary Hazard.
- Flexible sprinkler hose fittings and anchoring are listed for the suspended ceiling.

SECTION 2: SUBMITTAL REQUIREMENTS

Check off items included with your submittal. Unless otherwise noted, provide three sets or copies of each. At a minimum, application submittal packages shall include the following:

- Completed Permit Application Form 200 with Original Signature.
- Completed Supporting Document Form 204 with Original Signature.
- Proof of current State-issued sprinkler license from WSP, Office of the State Fire Marshal.
- Floor Plans – dimensional and stamped
- Equipment Cut Sheets
SECTION 3: INSPECTIONS

At your first inspection, the inspector will discuss your project and detail additional code items which will need to be addressed with your project.

Schedule inspections by contacting South Kitsap Fire & Rescue. Please call Greg Rogers, Fire Prevention Manager, at (360) 895-6506. A minimum of 48 hours advance notice is necessary.

☐ Cover inspection of the piping prior to installation of the ceiling or ceiling tile.
☐ Final inspection of the completed system.
☐ Re-inspection fees may apply if work was not in accordance with the permit application.

SECTION 4: GENERAL CODE PROVISIONS

General Requirements

1. Before requesting final inspection the installing contractor shall furnish a written statement to the inspector that the fire suppression system has been installed in accordance with approved plans and has been tested in accordance with manufacture specification and appropriate standards. IFC 901.2.1

2. The distance from storage to the sprinkler head deflector shall not be less than 18”. IFC 315.2.1

3. The cumulative horizontal length of an unsupported arm over to a sprinkler, sprinkler drop, or sprig shall not exceed 24” for steel pipe. NFPA 13 9.2.3.5.1

4. Sprigs 4’ or longer shall be restrained against lateral movement. NFPA 13 9.2.3.7

5. Sprinklers shall be located so as not to exceed the maximum protection area per sprinkler. NFPA 13 8.1.1

6. Sprinklers shall be positioned and located so as to provide satisfactory performance with respect to activation time and distribution. NFPA 13 8.1.1

7. Sprinklers shall be installed in accordance with their listing. NFPA 13 8.3.1.1

I hereby certify that I am the owner (or owner’s authorized agent) of this property or an appropriately licensed contractor (or the firm’s authorized agent) and the installation of the work described will be performed in accordance with all applicable laws & codes, including state contractor registration laws. I understand that failure to comply may result in revocation of any permit from this application.

Signature _________________________________________________ Date_______________________

Print Name: ________________________________________________