

SEDGWICK COUNTY FIRE DISTRICT NUMBER 1

Administrative Office: 7750 N. Wyandotte Way, Park City, KS 67147 Phone (316) 660-3473 • Fax (316) 660-3474 • SEDGWICKCOUNTY.ORG/FIRE

FIRE SPRINKLER SYSTEM PLAN REVIEW APPLICATION

| Tenant/Business Name: | | | | |
|--|---|---|--|--|
| Job Site/Property Address: | | City: | | |
| Job Site Contact Person: | | | | |
| | | License No: | | |
| Description of work to be dor | ne: | | | |
| | New: | | Remodel: | |
| Number of fire sprinkler device | ces being installed: | | | |
| | due: \$ | | | |
| Fire Sprinkler System Pla | an Review Fees (Sec. 114) | | | |
| Fire Sprinkler System (base | d upon number of heads): | | | |
| 1-19 heads | | | \$75.00 | |
| 20-100 heads | | | \$125.00 | |
| | | | • | |
| | | | - | |
| | | | · | |
| | | | · | |
| | | | · · | |
| | | | | |
| | | | | |
| | | | · | |
| | per every head greater than 900) | | | |
| requirements of the Sedgwick C Standards. I understand that I n schedule an acceptance test. I | County Fire Code, and the require nust contact the Sedgwick Count | ements containe y Fire Departme an acceptance | is correct and that I agree to comply with the din the National Fire Protection Association at least 2 working days in advance to be test and fail to notify the fire department of date is established. | |
| Installing Contractor Signature: | | Date: | | |
| Date Plans Received: | Date Plans completed: | | (a min. of 10 working days) | |
| Received hv | Date: | | Check No. | |