

Revised 3/15/21 by FM Berlin



Plan Review Application- Commercial Kitchen Hood Suppression System Permit

*Pinetop Fire District
Prevention Division*

1845 S. Pine Lake Road

Pinetop, AZ

85935

928-367-2199

cberlin@pinetopfire.com

Pinetop Fire District Use Only Permit # _____

Date Submitted: _____

Date Fee Received: _____

Amount Received: _____

Plans Received By: _____

Date: _____

Contractors Cert #: _____ (Must be current for review) **Manufacturers** **CSA**

System Contractor: _____

Mailing Address: _____

Primary Contact: _____

Cell Phone: _____ Office: _____

Email: _____

Plan Review to be returned to:

Name: _____ Company: _____

Address: _____

Email: _____ Phone: _____

Type of Plan Submittal

1st Submittal _____ Re-Submittal # _____ (Re-Submittal requires additional fee – See Fee Schedule)

Installation Type: New Install _____ Retrofit _____ Alteration/Addition _____

Submittal Includes (required)

- Cover Letter indicating scope and description of project.
- 2 sets hard copy (Signed and stamped by a factory trained installer or AZ design professional or 1 PDF copy of plans submitted on digital media.
- Manufacturers product specification sheet(s).

Calculated Fee:

\$250(x number of hood suppression systems in the facility _____) = **TOTAL: \$**_____

Project Details

Project/Site Name: _____

Physical Address: _____ Bldg/Suite/Floor: _____

Project Installer/Supervisor: _____ On-Site Phone: _____

Building/Business Owner: _____ Phone: _____

Email: _____

System Designed By: _____ Phone: _____

Email: _____

Project General Contractor: _____ Phone: _____

Email: _____

Location in Building where System is to be installed: _____

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Pinetop Fire District

KITCHEN HOOD SUPPRESSION SYSTEM INSTALLATION CERTIFICATION

Permit #: _____ Date: _____ Serial # _____

	Property Protected	System Installer	System Supplier
Business Name:	_____	_____	_____
Address:	_____	_____	_____
Representative:	_____	_____	_____
Telephone:	_____	_____	_____
Type of System:	_____		

Location of approved plans on premises: _____

Location of Owner's Manual: _____

Number of nozzles installed: _____ Flow points used: _____ of _____ available.

Alarm system onsite: YES / NO (circle one) Suppression System Activates Alarm System: YES / NO (circle one)

- Certification of System Installation:** Complete this section after system is installed, but prior to conducting operational acceptance tests.

I certify that this installation is in agreement with the terms of the listing and that this system has been inspected and tested and found to comply with the installation requirements of:

- NFPA 17A and 96 (where applicable)
- Design Specifications
- IFC and IMC
- Manufacturer's Instructions
- Other (specify)

Installer (signature): _____

Print Name: _____ Date: _____

Organization: _____

- System Owner Acknowledgment:** I have received copies of the system owner's manual and the approved plans and those copies will be kept on site at the above described location. I understand that any modification to the kitchen hood, suppression system, or approved cook line requires plan submittal, review and approval by the Fire Marshal.

System Owner (signature): _____ Date: _____

Print Name: _____