

Fire Pumps

Please print in Black ink only

Scope

This checklist pertains to the design and installation of fire pumps for fire protection service for sprinklers, standpipes, fire hydrant systems or similar uses.

Minimum Requirements for Construction Drawings

Plans which do not contain the minimum information required will not be accepted for plan check. Plans shall be of sufficient clarity to indicate the location, nature and extent of the work proposed and show that it will conform to the provisions of the adopted International Codes and ordinances.

- Three (3) copies of plans (24" x 36", or 30" x 42") must be submitted for review.
- Copies shall **all** be the same size.
- Working Drawings -scale to 1/8" = 1'.
- Shall be drawn in indelible ink.
- Sheets that are cut and pasted, taped, or that have been altered by any means (pen, pencil, marking pen, etc.) **will not** be accepted for plan check.
- Site Plans – scale to 1" = 20' or 1" = 40'
- Washington State law requires that any registered professional who prepares or supervises the preparation of drawings and construction documents stamp and sign such documents.

Project Name

Other Checklists/Permits that may be Required

Fire Prevention:

- Light, Ordinary & Extra Hazardous Occupancies Automatic Fire Sprinkler Systems
- High Piled & Rack Storage Occupancies Automatic Fire Sprinkler Systems

General

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Owner's name, address and telephone number. |
| <input type="checkbox"/> | <input type="checkbox"/> | Occupant's name, address, telephone number, if different from owner. |
| <input type="checkbox"/> | <input type="checkbox"/> | Contractor's name, address, fax number, telephone number and Washington State Contractor's license number. |

Documentation One Set

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Description of building or occupancy in which pump is located. |
| <input type="checkbox"/> | <input type="checkbox"/> | Copy of certified shop test curve. |

Working Drawings

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Size of municipal or private water main, water pressure and whether dead-end or looped. If dead-end, direction and distance to nearest circulating main. |
| <input type="checkbox"/> | <input type="checkbox"/> | Municipal or private main tests results and date of test. |
| <input type="checkbox"/> | <input type="checkbox"/> | Other sources of supply, with quantity, pressure and elevation. |
| <input type="checkbox"/> | <input type="checkbox"/> | Hydraulic reference points to the point of connection with the supply. |
| <input type="checkbox"/> | <input type="checkbox"/> | Pipe type and schedule of wall thickness. |
| <input type="checkbox"/> | <input type="checkbox"/> | Nominal pipe size and cutting lengths of pipe, or center-to-center dimensions. |
| <input type="checkbox"/> | <input type="checkbox"/> | Type of fittings and joints. |
| <input type="checkbox"/> | <input type="checkbox"/> | Type and location of support, bracing and vibration control. |
| <input type="checkbox"/> | <input type="checkbox"/> | Location of all control valves, check valves, bypass piping, drains and test headers, including backflow prevention devices, if applicable. |
| <input type="checkbox"/> | <input type="checkbox"/> | Location, make, model, serial number and rating of the fire pump. |
| <input type="checkbox"/> | <input type="checkbox"/> | Location, make, model and rating of controller. |
| <input type="checkbox"/> | <input type="checkbox"/> | Location, make, model and rating of booster (jockey) pump. |
| <input type="checkbox"/> | <input type="checkbox"/> | Location and size of circulation relief valve. |
| Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | Make, model and configuration of valve supervision. |
| <input type="checkbox"/> | <input type="checkbox"/> | Make, model and configuration of flow meters or test headers. |
| <input type="checkbox"/> | <input type="checkbox"/> | Location, voltage, amperage and configuration of power source. |
| <input type="checkbox"/> | <input type="checkbox"/> | Location, voltage, amperage and configuration of secondary power source, if applicable. |

Please read the information below and sign before submitting your application

Your application shall be deemed complete only if this checklist is completed and submitted along with the submittal package. Submittals not accompanied by a checklist will not be accepted. Accuracy of the submittal package, including this checklist, is the responsibility of the applicant. Failure to submit an accurate submittal package will be considered an incomplete application by the Plan Reviewer. An incomplete submittal will result in a HOLD. A Resubmittal (new submittal package) will be required and always results in a delay.

I have checked the applicable boxes and have included those requirements in my submittal.

Print Name

Signature