



# FIRE ALARM AND SPRINKLER SUBMITTAL FORM

## IOWA STATE FIRE MARSHAL'S OFFICE STATE BUILDING CODE BUREAU

215 East 7th Street  
Des Moines, IA 50319

Ph: 515-725-6145 Fax: 515-725-6172

<http://www.dps.state.ia.us/fm/building/forms.shtml>

Official Use Only MAR 09

Business Hours: 8am - 4:30pm M-F

Please complete Parts 1 through 8. Required plan review fees shall accompany this application

### Part 1- PROJECT INFORMATION (Please type or print legibly)

Name of Project:

Please indicate below what type of system you are installing. (check applicable boxes)

Fire Alarm:  New  Addition  Renovation  Fire Suppression:  New  Addition  Renovation

Describe work being done:

Project Address:

City:

Zip :

County:

Owner:

Contact:

Phone #:

Owner Email Address:

Name of Contractor:

Phone #:

Name of Responsible Managing Employee:

License#:

Contractor mailing Address:

FAX #:

City:

State:

Zip:

Contact:

E-mail address:

### Part 2 – USE-OCCUPANCY CLASSIFICATION

Defined by 2006 IBC except Healthcare Occupancies, which shall be as defined by the Iowa Administrative Code 661-205.1

Building Use:

Occupancy Group:

### Part 3 - TYPE OF CONSTRUCTION (Please check applicable boxes)

NEW:  I-A  I-B  II-A  II-B  III-A  III-B  IV  V-A  V-B

EXISTING:  I-A  I-B  II-A  II-B  III-A  III-B  IV  V-A  V-B

HEALTHCARE Only- Type of construction is defined by NFPA 101 Life Safety Code

NEW:  I(443)  I(332)  II(222)  II(111)  II(000)  III(211)  III(200)  IV  V(111)  V(000)

EXISTING:  I(443)  I(332)  II(222)  II(111)  II(000)  III(211)  III(200)  IV  V(111)  V(000)

### Part 4 – FIRE PROTECTION (Please check applicable boxes)

Is the building completely sprinklered? New:  Yes  No  
Existing:  Yes  No

NFPA system:  13  13R  13D

Is the building provided with a complete NFPA 72 fire alarm system?

New System:  Yes  No

Existing system:  Yes  No

**PART 5 - STATE JURISDICTION** (Please check applicable boxes)

Project owned by the State of Iowa?  Yes  No

Is this project built with any funds appropriated by the State of Iowa?  Yes  No

Is this project located in a jurisdiction that has adopted and enforces building codes through plans review and inspections?  Yes  No

**Part 6 - BUILDING PROJECT VALUATION**

(Total system valuation includes materials & labor for trades used, supervision, project management, profit and overhead.)

In accordance with Administrative rule 661-300.4(2), I hereby certify that to the best of my knowledge total estimated construction cost is:

\$

**Fire Suppression Systems Valuation**

(Check applicable fees)  N/A

Materials and installation up to and including \$5,000

\$ 100.00

Materials and installation more than \$5,000 up to and including \$20,000

\$ 200.00

Materials and installation more than \$20,000

\$ 400.00

**Fire Alarm Systems Valuation**

(Check applicable fees)  N/A

Materials and installation up to and including \$5,000

\$ 100.00

Materials and installation more than \$ 5,000 and up to and including \$ 20,000

\$ 200.00

Materials and installation more than \$20,000

\$ 400.00

**Total Amount Submitted For Suppression and/or Alarm Plan Review**

(Shall be paid at time of fire plan review submittal)

\$

**PART 7 - REQUIRED SUBMITTALS**

**Project Information Sheets (Cut Sheets) Hydraulics calculations, battery calculations, specification book, contractor's material and test certificate** for underground piping are required for all fire alarm and sprinkler equipment in the system.

Plans shall have a "**wet signature in blue ink**" signed by RME ( Responsible Managing Employee) as listed on state records for fire protection firm or submittal will not be accepted. IAC. 661-5.3 (2b). When plan review is completed a plan review report will be mailed. Only one set of plans is required and plans will be retained by the state and not returned.

For questions please call 515-725-6145. Please make check payable to: State of Iowa Treasurer.

**Part 8 – REQUIRED SIGNATURE**

Signature is required by person responsible to complete and submit plan review submittal form.

**I hereby certify to the best of my knowledge that all information submitted on this form is accurate and true and, I acknowledge that missing or incomplete information/submittals may delay the plan review process until such time all information is received.**

Name(print):

Signature:

Date: