

FIRE SPRINKLERS

Please submit/upload plans in PDF format

Please indicate items submitted with a checkmark (√)

Please upload [this Checklist and any Required Forms](#) in **.pdf format** to the appropriate category [<Survey>](#) [<Building Plans>](#) [<Supporting Docs>](#) [<NOA>](#) following the TOJ Naming Convention found in Help Documents

Create online as: **Fire Sprinkler**

1. **Plans** [<Building Plans>](#)

- a. Signed and sealed plans after threshold number of heads _____
- b. Number of heads _____
- c. Hydraulic calculations to verify capability of the system _____

2. **Supporting Documents** [<Supporting Docs>](#)

- a. All commercial and 3 units or more residential plans require Fire Rescue plan review and an additional fee _____

Note: Work must be done only by State Certified contractor for Fire Sprinkler, as defined in Florida Statutes 633

Contractor must coordinate the connection of the fire sprinkler system to the main line, with the PBC Fire Department 233-0050 and with the Town of Jupiter Utility Department 561-748-2705, prior to installation



PALM BEACH COUNTY FIRE-RESCUE
PLANS REVIEW APPLICATION



NO. _____

FP# _____

PERMIT # _____

TO BE FILLED OUT BY APPLICANT

THE UNDERSIGNED HEREBY APPLIES FOR PLANS TO BE REVIEWED FOR COMPLIANCE OF PALM BEACH COUNTY FIRE CODE:

PROJECT NAME: _____

ADDRESS OF PROJECT: _____

CITY/TOWN: _____

- _____ CONSTRUCTION _____ REVISE _____ ALTERATION
- _____ MULTIPLE DWELLING _____ CIVIL _____ COMMERCIAL
- _____ INTERIOR _____ HOOD SYSTEM _____ FUEL TANK/LINES
- _____ LP GAS _____ FIRE ALARM _____ FIRE SPRINKLER
- _____ FIRE SUPPRESSION _____ HVAC _____ OTHER _____

NAME OF OWNER OR ENGINEER ADDRESS OF OWNER OR ENGINEER

NAME OF CONTRACTOR ADDRESS OF CONTRACTOR

PRINT APPLICANT/ CONTACT NAME APPLICATION DATE

TELEPHONE NUMBER _____ FAX NUMBER \$ _____ VALUATION OF PROPOSED WORK

FOR OFFICE USE ONLY PALM BEACH COUNTY FIRE RESCUE

FIRE REVIEW FEE \$	CHECK # _____ DATE REC'D _____	MSTU _____	_____ FIRE DEPT OFFICIAL
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