



Office of the State Fire Marshal
1207 Quarrier Street, 2nd Floor
Plans and Review Division
Charleston, WV 25301
304-558-2191

Application for Review of Clean Agent System Plans

REQUIREMENTS FOR CLEAN AGENT SYSTEM PLANS REVIEW

- A completed Plans Review Application shall be completed by the plans submitter and shall be filled out in its entirety.
- Clean Agent System Plans shall be submitted in digital format AND hard copy.
- A complete set of plans shall include:
 - As built drawings indicating:
 - Complete system layout with all devices.
 - Layouts of appliances.
 - Calculations.
 - Type of system:
 - Argon
 - FM200/SINORIX 227
 - FE-13
 - 3M NOVEC 1230/SINORIX 1230
 - INGERGEN
 - CO2
 - HALON WATER MIST
 - System designer name.
 - System manufacturer information.

All plans being submitted to our agency for review **MUST** be accompanied by the appropriate request application. All applications can be found on our website by type of review. If this form is **NOT** received within thirty (30) days of receipt of plans, the plans submission may be discarded. If the request application is not completed, it will be returned for resubmission.

Review Fee includes **ALL** Construction Inspections, the Final Inspection, and the Occupancy Permit and will be billed after review and processing.

If you have any further questions, please contact our office at 304-558-2191.

Please submit your completed Plans Review Application and Plans to:

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New Application Resubmittal Prior Walk-In Review

PROJECT INFORMATION

Project Name					
Street Address					
City		State		Zip	
County					

SCOPE OF WORK

New Existing Modifications

Occupancy Type as Defined by NFPA 101, Life Safety Code:	Total Square Footage:	Is the structure currently sprinklered? Yes <input type="checkbox"/> No <input type="checkbox"/>
Description of Project:		
Estimated Starting Date:		

SYSTEM INFORMATION

Panel Manufacturer and Model:	Annunciator Panel:
Battery Size:	NAC Expanders:
Notification Devices (Quantity):	Detection Devices (Quantity):
Manual Pull Boxes (Quantity):	Agent Quantity:
Discharge Outlets:	



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PROJECT/PROPERTY OWNER CONTACT INFORMATION

Project/Property Owner Name					
Street Address					
City		State		Zip	
Email Address					
Phone Number					

PLANS SUBMITTER CONTACT INFORMATION

Submitter Name					
Submitter Company					
Street Address					
City		State		Zip	
Email Address					
Phone Number					

BILL INVOICE TO

Name					
Company					
Street Address					
City		State		Zip	
Email Address					
Phone Number					

Signature: _____ Date: _____