



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 Hood Suppression System Plans

REQUIREMENTS FOR HOOD SUPPRESSION REVIEW

- A completed Plans Review Application shall be completed by the plans submitter and shall be filled out in its entirety.
- If there is currently no address appointed to this project, GPS coordinates shall be provided.
- Hood Suppression System Plans shall be submitted in digital format (CD or USB) AND hard copy.
- A complete set of plans shall include:
 - As built drawings indicating the hoods, exhaust ducts, and appliances the system will be protecting.
 - Interface of the fire extinguishing system detectors, piping, nozzles, fuel and electric power shut off devices, agent storage containers, and manual activation devices.
 - Tank size in gallons, number of flow points being used, maximum number of flow points, and the fuel/power source.
 - System Designer's name.
 - Layout of Kitchen

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 Construction Existing Modifications

Occupancy Type as Defined by NFPA 101, Life Safety Code:	Is there a Fire Alarm System? Yes <input type="checkbox"/> No <input type="checkbox"/>
Description of Project:	
Estimated Starting Date:	

SYSTEM INFORMATION

Extinguishing System Manufacturer:	System Model Number:
Tank Size (Gallons):	Maximum Number of Flow Points:
Number of Flow Points Used:	Fuel/Power Source:
Fuel/Electric Shutoff Devices:	Appliance List (Left to Right):



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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: _____