



Office of the State Fire Marshal
1700 MacCorkle Avenue SE – 4th Floor North
Plans and Review Division
Charleston, WV 25314
304-558-2191

Application for Review of Carpet Plans

REQUIREMENTS FOR CARPET PLAN REVIEW

- A completed Plans Review Application shall be completed by the plans submitter and shall be filled out in its entirety.
- Carpet Plans shall be submitted via **hard copy AND USB flash drive only.**
- A complete set of plans shall be drawn to scale and include:
 - Product data sheets from the manufacturer.
 - Location of carpet installation.
 - Critical Radiant Flux test report in accordance with NFPA 253 from a nationally recognized laboratory.
 - Specific Optical Density of Smoke Generation test report in accordance with ASTM E-662 from a nationally recognized laboratory.

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 the structure currently sprinklered? Yes <input type="checkbox"/> No <input type="checkbox"/>
Description of Project:	
Estimated Starting Date:	

CARPET INFORMATION

Location of Carpet Installation:	Carpet Manufacturer:
Carpet Style/Name/Weight:	Carpet Classification:
Pad Manufacturer:	Pad Quality:
Pad Classification:	



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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: _____