



Department of Military Affairs and Public Safety

Cabinet Secretary Jeff S. Sandy, CFE, CAMS
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OFFICE OF THE STATE FIRE MARSHAL

1207 Quarrier St, 2nd Floor
Charleston, WV 25301
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HOOD SUPPRESSION SYSTEM

Resubmittal: Yes No
Plan of Corrections: Yes No

NOTE: ALL BLANKS MUST BE COMPLETED OR PLAN REVIEW MAY BE DELAYED UNTIL ALL INFORMATION IS RECEIVED.

Project Name: _____

Street Address: _____

City: _____ Zip: _____ County: _____

Owner: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Plans Submitter: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Approx. date of start: _____ Plans submitted on CD: Yes No

Occupancy Type (as defined by NFPA 101, Life Safety Code): _____

Total Square Footage: _____ Does building have a Fire Alarm System: Yes No

System Manufacturer: _____ (*PROVIDE MANUFACTURER DATA*)

PROVIDE LAYOUT OF KITCHEN WITH SUBMITTAL.

Name: _____ Signature: _____

Bill Invoice To: _____

REVIEW FEE INCLUDES ALL CONSTRUCTION INSPECTIONS, FINAL INSPECTION AND THE OCCUPANCY PERMIT.

ONE SET OF PLANS AND SPECIFICATIONS REQUIRED – ADDITIONAL SETS WILL BE RETURNED UPON REQUEST IF SHIPPING AND BILLING INFORMATION IS PROVIDED.