

# OFFICE OF INSURANCE AND SAFETY FIRE COMMISSIONER



**JOHN W. OXENDINE**  
COMMISSIONER OF INSURANCE  
SAFETY FIRE COMMISSIONER  
INDUSTRIAL LOAN COMMISSIONER  
COMPTROLLER GENERAL

SIXTH FLOOR, WEST TOWER  
FLOYD BUILDING  
2 MARTIN LUTHER KING, JR. DRIVE  
ATLANTA, GEORGIA 30334  
404-656-2064 TDD# 404-656-4031  
[www.inscomm.state.ga.us](http://www.inscomm.state.ga.us)

## List of Items to be Included in a Sprinkler Plan Review

1. At least 2 (but preferably 3) full size sets of sprinkler plan drawings. The drawings would include:
  - A site plan (to scale) that shows the hook-up connections to the local water supply, the location of hydrants and cross streets in relation to the building site, the location of the PIV(s), the location of the fire department connection(s) to the building, and the location of any external pump house(s) and backflow prevention devices.
  - The signature, stamp and certificate of competency number of the designer of the sprinkler system.
  - A riser detail drawing that would also more than likely show the fire department bypass direct connection to the sprinkler system.
  - Pump system detail drawings for the main pump, jockey pumps and sensing system. (if necessary)
  - Typical system hanger detail drawing(s).
  - Cross section views of the building in order to clarify: the structure of any attic or interstitial spaces within the building; if the piping and sprinkler locations are at any inclined angles and how water flows through the system to the different floors of the building.
  - A sprinkler piping detail drawing for each floor of the building showing the size of pipes being used throughout the system, the location of system hangers, and the location and type of all fire protection equipment.
  - A reflected ceiling plan drawing for each floor that shows the room designations, sprinkler head locations and the locations of walls within the building. (This would also be a good place to identify any fire rated walls, doors, etc. so that the reviewer can more easily determine why a particular room doesn't have sprinklers in it.)

Note: If the building is not that complicated, the piping detail drawing and the reflected ceiling plan drawing can be combined. A good rule of thumb is that if the drawing looks "too busy" to you then it will probably confuse the reviewer.

2. A set of hydraulic calculations for both the most remote and the most hydraulically demanding areas for each sprinkler system in the building. (Please note that these may be different areas in the building).
3. Site Water Flow test data. Note: the test must have been performed within 6 months of the plan submittal to this office and the instruments used for the test must have been calibrated within the year preceding the actual test date. Finally, the local fire and/or water departments having jurisdiction may require that a representative be present during the actual test
4. A Bill of Materials for the equipment expected to be used on the project as well as the associated technical data on the types of equipment to be used on the drawing. This would include specific manufacturer, model number and capacity of any sprinklers, pumps, water tanks, fire department connections, etc.
5. A form 354-S transmittal letter.

Note: At this time, there is no fee associated with sprinkler plan review.

# 354S FIRE SUPPRESSION SYSTEM TRANSMITTAL LETTER

(To be submitted by Georgia Licensed Fire Sprinkler Contractor - C of C and Designer printed names, Georgia License # of each, and original signatures must be on sprinkler shop drawings)

INSURANCE & SAFETY FIRE COMMISSIONER  
SAFETY FIRE DIVISION  
TELEPHONE: 404-656-7087 FAX: 404-657-7009

SUITE 620 WEST TOWER, FLOYD BUILDING  
2 MARTIN LUTHER KING JR. DRIVE  
ATLANTA, GEORGIA 30334

Please FILL OUT the following COMPLETELY:

DATE: \_\_\_\_\_

TYPE OF PLANS: \_\_\_\_\_ SPRINKLER \_\_\_\_\_ OTHER \_\_\_\_\_ EXISTING \_\_\_\_\_ NEW

FACILITY NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

PROJECT NAME: \_\_\_\_\_

STREET ADDRESS (PHYSICAL LOCATION): \_\_\_\_\_

CITY: \_\_\_\_\_ COUNTY: \_\_\_\_\_ ZIP: \_\_\_\_\_

### TYPE OF OCCUPANCY (PER LIFE SAFETY CODE 101):

_____ ASSEMBLY	_____ AMBULATORY HEALTH	_____ COLLEGE	_____ DAY CARE
_____ EDUCATION	_____ HOSPITAL	_____ INDUSTRIAL	_____ INSTITUTION
_____ MERCANTILE	_____ NURSING HOME	_____ OFFICE	_____ PERSONAL CARE
_____ RACE TRACK	_____ RESIDENTIAL	_____ STORAGE	

OWNER: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ PHONE: \_\_\_\_\_

SPRINKLER COMPANY: \_\_\_\_\_ PHONE: \_\_\_\_\_

C of C NAME \_\_\_\_\_ C of C NUMBER: \_\_\_\_\_

Designer NAME \_\_\_\_\_ Designer NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ Contractor's NUMBER: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ PHONE: \_\_\_\_\_

**PLEASE SUBMIT 2 SETS OF PLANS, 2 SETS OF HYDRAULIC CALC'S, 1 SET OF MANUFACTURER DATA:**

**If approved:** GSFMO will keep one set of plans and hydraulics calc's. All others will be returned marked.

**If disapproved:** All plans, calculations, and cut sheets will be returned for resubmittal.

### PURPOSE OF SUBMISSION:

\_\_\_\_\_ REVIEW/APPROVAL \_\_\_\_\_ RESUBMISSION \_\_\_\_\_ INFORMATION \_\_\_\_\_ OTHER: \_\_\_\_\_

### PROJECT INFORMATION:

SQUARE FEET: \_\_\_\_\_ ESTIMATED COST: \_\_\_\_\_

**TOTAL** STORIES OF BUILDING: \_\_\_\_\_ IS THERE A BASEMENT?  YES  NO

NUMBER OF SPRINKLERS: \_\_\_\_\_

EST. PROJECT COMPLETION DATE: \_\_\_\_\_

### RETURN PLANS TO:

No Post Office Box Address

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**Note: ANY submittal RECEIVED without a COMPLETED 354S TRANSMITTAL LETTER will be RETURNED.**

This includes addendum, resubmission, and any other item submitted for review.