



Davidson County Fire Marshal's Office
935 North Main Street Lexington, NC 27292
Phone: (336)242-2270 Fax: (336)249-7863



Construction Permit Application for:
Installation or modification of an NFPA 17A designed AES
Section I

General Requirements:

1. The Davidson County Fire Marshal (the Authority Having Jurisdiction) shall require the submission of this application completed in its entirety, and all required documentation listed in Section II of this document as applicable, for review and approval prior to the commencement of any installation, remodel, or modification to any equipment associated with an NFPA 17A designed automatic extinguishing system.
2. Any plan submitted for review shall meet the requirements set forth in the NC Building and Technical Codes, ANSI/UL 300, and applicable standards of the National Fire Protection Association.
3. Documents shall be submitted digitally by email to plans.review@dauidsoncountync.gov
4. Plan submittals will be rejected if **ANY** portion of this application is not completed or is not accompanied by required information listed in Section II at time of submission. Completion of application and information required to be submitted will be the applicant's responsibility.
5. Upon completion and approval, the applicant will be notified by email that the plans have been approved, and the permit has been issued. The permit will be available for pick up between the hours of 8:30 am & 4:30 pm at the Central Permitting Office located at 912 Greensboro St Lexington, NC 27292. The Central Permitting Office can be contacted at (336) 242-2230.
6. Any revisions or addendums to the original plan submittals will require documents to be re-submitted along with all applicable associated documentation
7. The permit fee is \$75.00 payable upon receipt of the permit.

Section II

Required Submissions:

NFPA 17A Edition 2013 and NFPA 96 2017 Edition

Plans shall be drawn to an indicated scale and be submitted digitally, with a plan of each floor, and shall show those items from the following list that pertain to the design of the system:

1. A scale floor plan that details locations of equipment to be installed, and dimensions of the room.
2. Location of building, including street address.
3. Manufacturer installation manual for the system to be installed.
4. Copy of the installation contractor's license or certificate to install the suppression system being installed.
5. Location of Agent Cylinder
6. System piping, pipe diameters, and pipe lengths
7. Location of elbows and Tees
8. Location of fusible links
9. Location of manual pull station(s)
10. Location of nozzles and flow points
11. Type and location of appliances
12. Plenum and duct construction and dimensions
13. Electrical and Gas shunt control information

Section III

Installation Contractor:

Name: _____
First Last Middle

Company: _____

Address: _____

City State Zip

Phone: _____ - _____ - _____ Fax: _____ - _____ - _____ Other: _____ - _____ - _____

Email: _____

Section V

Project Location:

Project name: _____

Address: _____

City State Zip

Section VII

Davidson County Fire Marshal's Office use only:

Date Received: ___/___/___

Date Completed: ___/___/___

Reviewed By: _____ Contact Number: _____

Comments: _____

