



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 13R 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 13R designed automatic extinguishing system.
2. Any plan submitted for review shall meet the requirements set forth in the NC Building and Technical Codes and applicable standards of the National Fire Protection Association.
3. Documents shall be submitted digitally by email to plans.review@davidsoncountync.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 13R Edition 2013 Chapter 23 Section 8.1.7

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. Name of owner and occupant.
2. Location of building, including street address.
3. Point of Compass.
4. Ceiling Construction.
5. Full height cross section, or schematic diagram, including structural member information if required for clarity and including ceiling construction and method of protection for non-metallic piping.
6. Location of partitions.
7. Location of fire walls.
8. Occupancy class of each area or room.
9. Location and size of concealed spaces, closets, attics & bathrooms.
10. Any small enclosures in which sprinklers are not to be installed.
11. Size of water main in street and whether dead end or circulating; if dead end direction and distance to circulating and water main test results and elevation relative to test hydrant.
12. Make, manufacturer, type, heat-response element, temperature rating, sprinkler identification number, and nominal orifice size of the sprinkler.
13. Temperature rating and location of high-temperature sprinklers.
14. Number of sprinklers on each riser per floor.
15. Kind and location of alarm bells.
16. Type of protection for non-metallic pipe.
17. Type of pipe and fittings.
18. Nominal pipe size with lengths shown to scale.
19. Location and size of riser nipples.
20. Types of fittings and joints and the locations of all welds and bends.
21. Types and locations of hangers, sleeves, and braces, and methods of securing sprinklers, where applicable.
22. All control valves, check valves, drain pies, and test connections.
23. Underground pipe size, length, locations, weight, material, and point of connection to the water main; type of valves, meters, and valve pits; and depth at which the top of the pipe is laid below grade.
24. In the case of hydraulically designed systems, the material to be included on the hydraulic name plate.

Section III

Design Professional:

Name: _____
First Middle initial Last

Company: _____

Address: _____

City State Zip

Phone: ____ - ____ - ____ Fax: ____ - ____ - ____ Other: ____ - ____ - ____

Email: _____ Application Date: ____/____/____

Section IV

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 VI

Davidson County Fire Marshal's Office use only:

Date Received: ___/___/___

Date Completed: ___/___/___

Reviewed By: _____ Contact Number: _____

Comments: _____

