

City of Saint Francis Fire Department

3400 East Howard Avenue
Saint Francis, WI 53235
(414) 483-4424
Fax (414) 483-1117

Date: CURRENT DATE

Conditional Approval Requirements

Project: BUSINESS NAME Wet Chemical System Submittal ONLY!
ADDRESS
Saint Francis, WI 53235

Submittal from: CONTRACTOR
Address: CONTRACTOR ADDRESS
CITY, STATE, ZIP CODE
Phone: (999) 999-9999
Facsimile: (999) 999-9999
Contact: CONTACT NAME

NFPA 17A Standard for Wet Chemical Extinguishing Systems System submittal Checklist.

The following information MUST be included on the plan(s) submitted.				
Item #	Description	Yes	No	N/A
1	Owner's name			
2	Owner's address			
3	Name of the installing contractor			
4	Address of the installing contractor			
5	Phone number of the installing contractor			
6	Name of the person that designed the system			
7	Date			
8	Name of the equipment manufacturer			
9	Address of the equipment manufacturer			
10	System(s) drawn to an indicated scale or suitably dimensioned			
11	Sufficient detail of the hazard and to evaluate the effectiveness of the system			
12	Size of pipe			
13	All pipe lengths			
14	Type of pipe			
15	Location of all nozzles			
16	All nozzle model numbers			
17	All nozzle flow points			
18	The size of the wet chemical tank(s)			
19	All of the manufacturer's equipment identified on the plans with the correct model numbers			
20	All detection devices			
21	All alarm connections			
22	A sequence of events including any equipment shut down			
Complete manufactures data for all equipment being installed must be included with the plan(s) submitted.				
23	Manufacturer's data for all tanks			
24	Manufacturer's data for all			
26	Manufacturer's data for all detection devices			
27	Manufacturer's data for all alarm devices			