

PROJECT INFORMATION

Building Name: _____ GT Building #: _____
 Building Address: _____ AIM / Project #: _____
 Project Name: _____ Area Occupied: _____
 Floor / Room #: _____ Project Budget: _____
 Client Name: _____ Email: _____
 Client Department: _____ Phone: _____
 Date Plans Submitted: _____ Date Permit Needed: _____
 Date of Construction Start: _____

PLAN INFORMATION

Plan Status: Preliminary / Consultation Schematic Review Final Design Review
 Plan Version: Initial Revision #: _____
 Plan Type: Construction Plan Review Fire Suppression Review Fire Alarm Review

ARCHITECT / PROJECT / CONSTRUCTION MANAGER

Architect/Engineer of Record: _____
Name Email
 Project Manager: _____
Name Email
 Construction Manager: _____
Name Email

SUBMITTAL REQUIREMENTS FOR REVIEW (See Plan Submittal Checklist)

CONSTRUCTION PLAN SUBMITTAL	FIRE SUPPRESSION REVIEW *	TIER			FIRE ALARM REVIEW **	TIER		
		1	2	3		1	2	3
Professional Stamp / Seal - Signed	Pipe Layout & Sizes To Scale	1	2	3	Device Layout (1/8" = 1'-0")	1	2	3
Code Summary	Design Basis		2		Cut Sheets (All Devices)		2	3
Occupancy Classification	Hydraulic Calcs. / Water Flow Test			3	Wire Diagram / Tree		2	3
Occupancy Calculations	Cut Sheets (Sprinklers & Valves)		2	3	Battery Calcs. / Voltage Drops		2	3
Sheet Index (All Sheets Included)	Cut Sheets (Hangers & Anchors)		2	3	Load Test		2	
Drawings To Scale (1/8" = 1'-0")	Density / Classification		2	3	Existing Panel Capacity		2	
Uniform Sheet Size & Bound	Professional Certification	1	2	3	Professional Certification	1	2	3

(GTFSSO USE ONLY)

(2) Sets of Drawings Provided: YES NO
 EHS Review Set Provided: YES NO
 Building Dept. Review Required: YES NO

Plan Review #: **2018-PR-**_____

Received By: _____

GTFSSO DATE STAMP

PLAN SUBMITTAL CHECKLIST

- Items shown in bold are required for all plan submittals -

STANDARD PLAN REVIEW	
<input type="checkbox"/> Two Full Sets (Size D is preferred)	<input type="checkbox"/> Specification Book
<input type="checkbox"/> Construction Type	<input type="checkbox"/> Egress Distances
<input type="checkbox"/> Occupancy Type	<input type="checkbox"/> Labels for Hazards & NFPA 704
<input type="checkbox"/> Drawings To Scale and Dimensioned	<input type="checkbox"/> Chemical Inventory (All Hazards)
<input type="checkbox"/> Point of Reference Shown (North)	<input type="checkbox"/> Storage of Chemicals
<input type="checkbox"/> All Rooms Labeled / Named	<input type="checkbox"/> Pressurized Cylinder(s) & Contents of Cylinders
<input type="checkbox"/> Fire Protection Systems / Features	<input type="checkbox"/> Distribution and Process Piping
<input type="checkbox"/> Fire Alarm Devices	<input type="checkbox"/> Duct Smoke Detection / Supply Side
<input type="checkbox"/> Fire / Smoke Rating Requirements	<input type="checkbox"/> Cut Sheets – Listed Equipment
<input type="checkbox"/> Emergency Lighting	<input type="checkbox"/> MSDS Requirements
<input type="checkbox"/> Emergency Generator / Circuits	<input type="checkbox"/> Mechanical
<input type="checkbox"/> Exit Signage	

LABORATORY PLAN REVIEW (IN ADDITION TO ABOVE)	
<input type="checkbox"/> Chemical Inventory	<input type="checkbox"/> Point of Use / Shut-off Valves
<input type="checkbox"/> Lab Class: A, B, C, D	<input type="checkbox"/> Rating Requirements
<input type="checkbox"/> Business or Industrial	<input type="checkbox"/> Exhaust Systems / Connections
<input type="checkbox"/> Chemical Storage Containment	<input type="checkbox"/> Suppression Density
<input type="checkbox"/> Additional Fire Alarm Requirements	<input type="checkbox"/> Electrical (Class and Division)
<input type="checkbox"/> Building Control Areas	<input type="checkbox"/> MSDS Paper Copy Requirements

***Fire Suppression Plan Review Tiers:**

Tier 1 – Minimal modification and/or additions to an existing system.

Tier 2 – Change in hazard classification and/or the addition of (6) or more sprinklers.

Tier 3 – New system installation.

****Fire Alarm Plan Review Tiers:**

Tier 1 – Modification to an existing system with no new devices added.

Tier 2 – Modification to an existing system with the addition of new devices.

Tier 3 – New system installation.