



Fire Alarm Plan Review Requirements 2015 IBC

The following are minimum requirements for plan review:

- Submit permit application and two copies of plans
- Indicate on plans:
 - Use of all rooms (Label use of all rooms)
 - Locations of alarm-initiating and notification appliances; annunciator to be located in vicinity of main entrance; visible alarm notification appliances shall be provided in all public & common areas
 - Power connection
 - Battery Calculations
 - Conductor type and sizes and Protection of circuits
 - Voltage drop calculations
 - DB level of horn(s) (Minimum 70db)
 - Location and height of fire alarm boxes
 - If fire alarm system is monitored, if not indicate that a sign complying with IBC Section 907.3.4 shall be installed.
 - Fire Alarm symbols legend.



CITY OF MYRTLE BEACH CONSTRUCTION SERVICES BUILDING FIRE PERMIT APPLICATION

Job Site/ Physical Address			Building Use	<input type="checkbox"/> Commercial <input type="checkbox"/> Res	Zoning District	Flood Zone
Lot #	Block	Section/ Subdivision		TMS/PIN		
Owner of Property		Mailing Address			Phone	
Lessee/Business Name		Mailing Address			Phone	
Contractor		Mailing Address			Phone	
					City License #	
					State License #	
Architect/Engineer		Mailing Address			Phone	
					City License #	
					State License #	
Work Classification					Property Maintenance	
<input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Remove/Demo					<input type="checkbox"/> Yes <input type="checkbox"/> No	
Nature of Work: <input type="checkbox"/> Sprinkler System <input type="checkbox"/> Fire Alarm System <input type="checkbox"/> Fire Alarm Panel <input type="checkbox"/> Standpipe System <input type="checkbox"/> Kitchen Hood w/Suppression <input type="checkbox"/> Automatic Extinguishing System (Requires mechanical permit) <input type="checkbox"/> Underground Fireline						
Description of Work						
IBC/IRC CODE YEAR _____	Tap Ticket #	Sprinkled <input type="checkbox"/> Yes <input type="checkbox"/> No	Type Construction	Occupancy Group	Sq Ft	
Total Valuation		Plan Review Fee		Permit Fee		
Date Received		Date Issued		Permit #		
<i>I hereby certify that I have read and examined, or have had read to me, this application and understand this application to be true and correct. Compliance with all provisions of laws and ordinances governing this type of work shall be assured whether specified herein or not. The granting of this permit does not presume to give authority to violate or cancel the provision of any federal, state or local laws regulating construction, or the performance of construction.</i>						
Signature of Owner or Authorized Agent			Printed Name		Phone	Fax
Company			Email Address			

Project Coordination

Department	Required	Permit Approval Signatures
Zoning		
Building/Fire		
Engineering		
Business License		

This permit becomes null and void if work or construction which is authorized is not commenced within six months of its issuance, or if work or construction is suspended or abandoned for a period of 6 consecutive months at any time after it is commenced. This permit does not grant any right or privilege to erect any structure or to use any premises herein described for any purpose or in any manner prohibited by the Zoning Ordinance of the City of Myrtle Beach.