



Sprinkler Plan Review Requirements 2015 IBC

The following are minimum requirements for plan review:

- Submit three copies of plans
- Submit Certificate of Compliance with correct address, stamped, signed & dated by a South Carolina registered Engineer
- Submit Specification sheet with correct address
- Hydraulic Calculations
- Indicate on plan:
 - Seismic bracing locations
 - Seismic bracing detail
 - Location of FDC (FDC cannot be located on building)
 - Location of fire extinguishers (Min. 4" from floor, 60" to top of extinguisher)
(Max. 75' travel distance or 150' apart)
 - Type of fire extinguishers to be ABC (multi purpose)
 - Stairways & all areas where lines are to be heated to min. 40 degrees F
 - Spare sprinkler heads in sprinkler room
 - Riser detail
- If relocating or adding heads to an existing system (no matter the amount of heads) a plan is required along with the manufacturer's specification sheet.
- If adding more than 20 heads to an existing system, a plan is required and a Certificate of Compliance with correct address, stamped, signed & dated by a SC registered Engineer and Submit Specification sheet with correct address
- Lowering or raising existing heads requires a permit but does not require a plan or plan review.

SC Code of Law Section 40-10-250. Fire Protection Sprinkler System Specification Sheet; completion of form; attachment to building permit applications.

- (A) A “Fire Protection Sprinkler System Specification Sheet” must be completed for every fire protection sprinkler system, and submitted on a form approved by the State Fire Marshal’s Office to the authority having jurisdiction. The completed form must contain the following information at a minimum:
- (1) the available static and residual water pressure from a flow test conducted less than one year before submittal;
 - (2) the volume per minute of the available water flow and duration;
 - (3) the source of water supply;
 - (4) the NFPA hazard classifications and details of storage arrangement, if applicable;
 - (5) the occupancy use of the building, or the area to be sprinkled;
 - (6) the type of system to be installed;
 - (7) the applicable National Fire Protection Association standards to be followed for each component of the system;
 - (8) other state and local statutes, regulations, codes, or ordinances that must be followed;
 - (9) the name, address, title, and phone number of the person developing the fire sprinkler system specification sheet.
- (B) The form must be completed by:
- (1) a professional engineer licensed in this State bearing his professional seal and signature;
or
 - (2) a fire sprinkler contractor licensed in this State with a qualifying party holding a NICET Level IV Technician Certification in “Fire Protection Engineering Technology Automatic Sprinkler System Layout” if a specific statute, regulation, or ordinance does not require the services of a licensed professional engineer. The qualifying party must be the individual completing the form, and he must place his name on the lower right hand corner on the first page of the form with the words “Qualifying Party” after his name and with his qualifying party certificate number.



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 <input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Remove/Demo					Property Maintenance <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.