



Fire Detection and Suppression Plan Review Application

City of Elizabethtown, Department of Planning and Development

200 West Dixie Ave – PO Box 550

Elizabethtown, KY 42702 (270) 982-3226

Official Use Only
Date received: _____
Received by: _____

Project Location

Project Name: _____

Project Address: _____

Contractor/Installer Information

Business Name _____

Address _____

Phone _____

Contact Name _____

City/State/Zip _____

Email _____

Proposed Work (Complete all applicable sections)

Suppression System

Specific type of system: (wet/dry/preaction/etc) _____

NFPA Standard(s) followed _____

Design (s.f.) _____

Hazard classification _____

Proposed # of sprinkler heads _____

Static	_____	PSI
Residual	_____	PSI
Water flow	_____	GPM
Water flow test by	_____	
Date/Time	_____	

Fire Alarm

Total area (s.f.) _____

Range Hood

of Type I Hoods _____

of Type II Hoods _____

Certification

I do hereby certify that the information provided herein is both completed and accurate to the best of my knowledge, and I understand that any inaccuracies may be considered just cause for invalidation of this application and any action taken on this application.

Additionally, I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as their authorized agent and we agree to conform to all applicable laws of this jurisdiction and plans as stated in this application.

Signature: _____

Date: _____

Printed Name: _____

All fees due at time of application. See 2018 KBC Section 121.3.9