

Loganville Fire Department

<p>Fire Marshal's Office</p>  <p>Limited Work Permit Sprinkler System</p>	<p>Limited Work Permit – Sprinkler System¹</p> <p>Job Name: _____</p> <p>Address: _____ Bldg: _____ Suite: _____</p> <p>City: _____ Bldg Permit #: _____</p> <p>Phone: _____ Sprinkler Company: _____</p> <p>Person Submitting: _____</p> <p>Email: _____ Fax: _____</p> <p style="text-align: center;">REQUESTS RECEIVED BEFORE 3:00 PM WILL BE PROCESSED THE NEXT BUSINESS DAY</p> <p>Type of Work:</p> <p><input type="checkbox"/> Add/Relocate (8 heads or less)</p> <p><input type="checkbox"/> Temporary Start for a New System</p> <p><input type="checkbox"/> Inspection Fix²</p> <p><input type="checkbox"/> Emergency Repair (must notify within 48 business hours after work is completed)</p> <p><input type="checkbox"/> Revision to previously reviewed drawings or limited work permit (8 heads or less)</p>				
✓ = Pass, X = Fail, NA = Not applicable					
DRAWING SUBMITTAL REQUIREMENTS					
1) Submit LWP by email PDF's to kdurden@loganville-ga.gov					
2) Label all rooms according to use					
3) Provide dimensions or graphic scale to indicate compliant coverage					
4) Submit Scope of Work in letter format and include all SIN#'s on the project ²					
5) Show relevant piping with length and size ³					
6) Provide details for obstructions and ceiling elevations changes. ⁴					
Sprinkler System Information³					
Sprinkler Heads	Make	Sensitivity	K-Factor	SIN #'s	TOTAL
# of heads added					
# of heads relocated					
# of heads plugged					
# of heads replaced					
# Total					
TEMPORARY STARTS					
A Temporary Start will only be considered AFTER the initial consultation or drawing review has been completed and an appointment has been scheduled to submit revised drawings. By signing below you understand a Temporary Start permits the installation to begin and that you will be responsible for subsequent revisions in the field where any deficiencies are noted during the re-review of the fire alarm drawings.					
FURTHERMORE, THIS ONLY PERMITS A PIPE CHECK TO BE COMPLETED.					
(Temporary Start Only): _____					
Print Name				Signature	
Next Scheduled Plan Review Appointment					
Date: _____		Time: _____			
APPROVAL/REJECTED/COMMENTS					
<input type="checkbox"/> Approved <input type="checkbox"/> Rejected					
Reviewer: _____				Date: _____	
Comments:					

¹ NO WORK TO BEGIN UNTIL THE LIMITED WORK PERMIT HAS BEEN SIGNED BY THE FMO, EXCEPT EMERGENCY REPAIRS

² Scope of Work must be provided in a letter or on the drawing

³ Flex drops require hydraulic calculations.

⁴ Multiple ceiling elevations in the same compartment require a cross section.