



Mitchell Department of Public Safety
Fire Prevention Division
Alternative Automatic Fire-Extinguishing
System Permit Application

Permit No. _ App. Date: _
Receipt No. _ Issue Date: _
Fee: \$ _ Approved By: _

Installation Location

Owner/Business: _
Address: _
Mitchell, SD: _
Phone No.: _

Installer

Name: _
Address: _ City: _
Phone No.: _ State: _ Zip: _

General Contractor

Name: _
Address: _ City: _
Phone No.: _ State: _ Zip: _

System Design

- NFPA 11, NFPA 16, NFPA 2001, NFPA 11A, NFPA 17, Other, NFPA 12, NFPA 17A

System Information

- 1. System Manufacturer _
2. Agent: Dry Chemical, CO2, Wet Chemical, Intergen, FE-13 (HFC-23), FM200, Other _
3. Quantity of Agent _
4. Location of Cylinders _
5. Releasing System: Mechanical, Electrical (Fire Alarm Permit required)

A separate permit is required for each coverage area/room.

A minimum of two sets of drawings and one submittal book shall be submitted with each permit application for review. The applicant will receive one stamped copy of the approved plans. Additional submitted sets will not be stamped. NO WORK SHALL COMMENCE WITHOUT AN APPROVED SET OF PLANS AND A VALID PERMIT ISSUED BY FIRE PREVENTION DIVISION.

PLEASE PRINT NEATLY

Building Use

- Assembly, Office (B), Residential, Others, Warehouse, Educational (E), Institutional

Description of Work

(Detailed explanation of area and extent of work to be performed) Design and installation shall be in accordance with current edition of NFPA.

Kitchen Type Hood System

- 1. Number of Heads: Surface, Duct, Plenum
2. Size of Hood: Width, Depth, Height
3. Fuel and Power Shutoffs: (required for all sources) Electrical, Mechanical
4. Appliances under the hood: _

- 1. Design density by percentage _
2. Nozzles Type, Flow rate
3. Total system discharge time in seconds

Applicant

I, the undersigned, do hereby affirm that the statements contained on this form are true and correct. I further agree to comply with the provisions of applicable ordinances of the City of Mitchell and the approved plans and specifications submitted with this application.

In addition, it is understood that the installation of systems shall be made only by persons properly trained and qualified to install the specific system being provided. The installer certifies to this authority that the installation is in complete agreement with the terms of the listing and manufacturer's instructions and/or approved design plan.

Signature: _
Name (print): _

Fee Calculation Schedule

Alternative Automatic Fire-Extinguishing System

Agent Type	Number of Items	Unit Fee	Subtotal
1. Dry or Wet Chemical System (per coverage area)		\$100.00	\$
2. Clean Agent System (per coverage		\$100.00	\$
3. Modification Fee		\$ 50.00	\$
4. Total lines 1, 2 and 3 (if applicable)			\$
5. Expedited Plan Check Review Fees (50% of Item 4)			\$
6. Grand Total			\$

**Mitchell Department of Public Safety
Fire Prevention Division
201 West 1st Avenue
Mitchell, SD 57301**

605-995-8400