

LEE'S SUMMIT FIRE DEPARTMENT

FIRE HEADQUARTERS
207 SE DOUGLAS STREET
LEE'S SUMMIT, MISSOURI 64063-2372
(816) 969-1300
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PLANS REVIEW CONDITIONS

Permit No:	PRCOM20120116	Date:	February 13, 2012
Project Title:	CITY HALL RENOVATIONS	Applicant:	
Location:	220 SE GREEN ST. LEES SUMMIT, MO 64063	ADVANTAGE FIRE PROTECTION	
Type of Work:	Clean agent system	404 B NORTHWEST 11TH STREET	
Occupancy Group:	B	BLUE SPRINGS, MO 64015--3638	
Description:	REPLACE COMPUTER ROOM	(816) 224-3400	
HVAC SYSTEMS			
Construction Type:	Type IIB (Unprotected)		
Map Page:	195G		

Listed below are requirements from our department for the project noted above. If you have any additional questions, please contact our department for further clarification.

Sprinkler Plan Review

Reviewed By: Jim Eden

Released for Construction

1. 2006 IFC 901.2- Construction documents. The fire code official shall have the authority to require construction documents and calculations for all fire protection systems and to require permits be issued for the installation, rehabilitation or modification of any fire protection system. Construction documents for fire protection systems shall be submitted for review and approval prior to system installation.

Stamped plans recieved for the Server Room and Data Room Ecaro systems.

2. 2006 IFC 901.5- Installation acceptance testing. Fire detection and alarm systems, fire-extinguishing systems, fire hydrant systems, fire standpipe systems, fire pump systems, private fire service mains and all other fire protection systems and appurtenances thereto shall be subject to acceptance tests as contained in the installation standards and as approved by the fire code official. The fire code official shall be notified before any required acceptance testing. The fire code official shall be notified 48 hours before any required acceptance test.

Call (816) 969-1300 to schedule witnessing of the room fan test and discharge/alarm testing. Schedule testing when it will not disrupt building operations.

3. It is recommended that a phone be placed next to the abort station when using a Type 2 Abort Scenario.

4. Label the FACP's for the Ecaro and Pre-action systems and the rooms that they serve. Verified at inspection.