

FIRE DEPARTMENT

PLANS REVIEW CONDITIONS

Date:

Permit No: PRCOM20160125

SAINT LUKES HOSPITAL -

Applicant:

Location:

Project Title:

WOUND CARE - MOB 3RD FLOOR

AMERICAN FIRE SPRINKLER CORPORATION

June 05, 2017

20 NE SAINT LUKES BLVD, Unit:330, PO BOX 958

LEES SUMMIT, MO 64086

MISSION, KS 66201

Type of Work:

Occupancy Group: I-2

Description:

INTERIOR ALTERATIONS TO

SUITE 330 FOR OUTPATIENT CLINIC - INSTALL 2

HYPERBARIC CHAMBERS, FOUR EXAM ROOMS,

DR/NURSE OFFICES

Construction Type: Type IA Map Page: 175X

Primary: (913) 722-6900

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: Joe Dir Released for Construction

1. 2012 IFC 901.6- Inspection, testing and maintenance. Fire detection, alarm and extinguishing systems shall be maintained in an operative condition at all times, and shall be replaced or repaired where defective. Not required fire protection systems and equipment shall be inspected, tested and maintained or removed.

ACTION REQUIRED: (verified at inspection)

The existing sprinkler system riser shall be current with all required maintenance and certifications.

The applicant understands that the requirements listed above must be corrected to conform to applicable City Codes and Ordinances.