



# CITY OF ABILENE FIRE MARSHAL'S OFFICE



250 Grape St. Abilene, TX 79601 (325) 676-6434 Fax: (325) 676-6673 afdprev@abilenetx.gov

## COMMERCIAL COOKING (UL 300) AUTOMATIC FIRE EXTINGUISHING SYSTEM SUBMITTAL GUIDELINE

The following comments are provided to assist the proponent. Additional requirements may apply.

### **New Installation/Modification Plan Submittals**

- Allow at least 10 business days to process all submittals and required permits.
- Fire extinguishing systems shall be designed and installed in accordance with Abilene Fire Code, NFPA and State of Texas rules and regulations.
- Plans shall be submitted by a State of Texas Fire Extinguisher License Type PL, A, or K designing contractor.
- Extinguisher ECR license is required for the installing company.
- Submit at least 3 sets of drawings. Drawings shall include hood dimensions, appliance(s) description, piping schematic, nozzle type and location, location and temperature of the fusible links, system flow point capability, and system flow points used. Also submit extinguishing equipment specifications and a Fire Department permit application.
- Submittals will not be accepted by parties that have a credit suspension with the City of Abilene Finance Department.

### **Extinguishing System Design Criteria**

- Activation of fire extinguishing system shall cause the shut-off of fuel and/or power for all appliances under vent-hood.
- Activation of fire extinguishing system shall cause the shut-off of makeup air supply to vent-hood.
- Exhaust ventilation shall continue to operate upon activation of fire extinguishing system.
- Activation of fire extinguishing system shall initiate activation of the fire alarm system, if one is present.
- Extinguishing system's manual pull station shall be located along the path of egress. (Minimum of 10 feet and a maximum of 20 feet from protected kitchen exhaust system and at a maximum height of 48 inches and a minimum height of 42 inches)
- Label multiple manual pull stations.
- Mount a Class K rated fire extinguisher and approved signage within 30 feet from protected kitchen exhaust system.

## **Acceptance Testing**

- Acceptance testing will not be conducted until hood/vent system is signed off by a City of Abilene Building Mechanical Inspector. Hood installer shall obtain a Mechanical permit and inspection from Building Inspections. They may be contacted at (325) 676-6232.
- Contact Fire Prevention at least 24 hours in advance to witness tests and inspect installation.
- Inspection times are normally Monday-Friday from 9:00am to 11:00am and 1:30pm to 3:00pm.
- The Abilene Fire Department does not schedule after hour inspections.
- Fire permit and Fire Department stamped drawings shall be at job site during all work related to fire extinguishing system.
- Natural gas and/or electric utilities shall be in service for all protected appliances at time of extinguishing system acceptance test.



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## FIRE EXTINGUISHING SYSTEM PERMIT SUBMITTAL

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Complete and return to the Abilene Fire Marshal's Office at least ten (10) working days prior to project start date. All submittals must include 3 sets of drawings (Including types of appliances being covered), 1 copy of flow point data and manufacturer's equipment specifications.

Fire Suppression Company:

Mailing / Billing Address:

City: State: Zip:

Name: License Type & #:

Phone: Email:

I understand the Abilene Fire Marshal's Office reviews plans for compliance with the Abilene Fire Code (2009 International Fire Code), NFPA and local policies. I understand statements made herein are true and correct to the best of my knowledge. I understand and agree to notify the City of Abilene Fire Marshal's Office of any changes in the written information in this application within five (5) working days from the date such change occurs. Furthermore, I agree to pay all permit fees associated with this application.

Signature: Date:

Business name where system is to be installed:

Address:

New Installation:  Modification:

Permit fee: **\$50.00** Enclosed: Invoice:

### DO NOT WRITE BELOW THIS LINE

Date Received: Submittal Approval: Yes No

Plans Examiner: Date Permit Issued :