



STATE OF NEW HAMPSHIRE DEPARTMENT OF SAFETY
Robert L. Quinn, Commissioner



Division of Fire Safety

Paul J. Parisi, State Fire Marshal

Office: 110 Smokey Bear Blvd., Concord, NH
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603-223-4289, FAX 603-223-4294 or 603-223-4295

TDD Access: Relay NH 1-800-735-2964 ARSON HOTLINE 1-800-400-3526

OFFICE USE ONLY	
Building	<input type="checkbox"/>
Sprinkler	<input type="checkbox"/>
Fire Alarm	<input type="checkbox"/>
FMO Plan #:	_____

Plan Review Submission Request

State Owned

County Owned

Educational (Public Funded)

Healthcare Facility

Owner Name:

Owner Address:

Project Name:

Reg. Design Prof:

Building Physical
Address:

Contact Name:

Contact Email:

Design Professional
Address:

Contact Phone #:

One set of plans is required per submission; each type of plan should have a separate form. One set of plans shall be submitted to the local AHJ for their input. A final letter will represent this office's approval. Plan submissions must include all of the following:

BUILDING PLANS:

Code Summary to include code editions used and relevant exceptions cited.

Construction type, protected or not, anticipated occupancy(ies), occupant load, area of largest story and perimeter. Local fire department letter of approval for location and specification of FD connection.

Separate Fire Protection pages showing fire walls, fire and smoke stops, emergency lighting, and exit lighting.

Letter from the NH licensed architect or engineer responsible for the design stating that the design satisfies the requirements of the Americans with Disabilities Act and the NH Barrier Free Design Code.

Is an automatic sprinkler system required? YES NO

Is a fire alarm system required? YES NO

AUTOMATIC SPRINKLER PLANS:

Code Summary to include code editions used and relevant exceptions cited.

Information as required by NFPA 13:8-1, 2013 ed.

FIRE ALARM PLANS:

Code Summary to include code editions used and relevant exceptions cited.

Documentation required by NFPA 72:1-6, 2013 ed.

Floor plan to scale with specifications and information for each device used.

Local fire department letter of approval for location, layout, and specification of fire alarm panel.

Strobe lumen or decibel levels for each device must be listed on the plan drawn to scale.