



Troy Fire Protection District

700 Cottage St.
Shorewood, IL 60404

Fire Prevention Bureau

Phone 815-651-2103

prevention@troyfpd.com



Fax 815-725-0772

To whom it may concern:

The Troy Fire Protection District (Troy FPD) will be performing fire protection plan review on any commercial structure within its fire district. This may include the structure, sprinkler systems, fire alarm systems, as well as hood & duct system and hood extinguishing systems. To ensure we have all the pertinent information needed, we require a plan submittal form be filled out and returned to Troy FPD. This form follows this informational letter, pages 2-4. Please provide us with as much information as possible to ensure the plans are reviewed accurately and as quickly as possible. Please submit three hard copies of plans, cut sheets, and pertinent calculations. Checklists of items required by third party plans examiner can be emailed to you upon request. Plan reviews take 10 working days to be completed from date of receipt at the third party plans examiner, this is a standard time and can vary by project. ***No inspections or acceptance testing will be performed unless Plan Submittal Form is completed.***

Most plans will be sent to a 3rd party review service for further review. This is at the discretion of Troy FPD and varies by each project. Please contact Troy Fire Prevention Bureau before sending anything to a 3rd party review service to assure it is correct to do so! Submitter will be required to reimburse any fees associated with 3rd party reviews to Troy Fire Protection District prior to issuance of approval letter to Shorewood Building Department, any inspections, or acceptance testing.

After all plans are approved and the work is completed, Troy FPD inspectors will perform all applicable tests and inspections per NFPA and IFC throughout the building process. When all work is complete a final walkthrough will be performed to ensure all work is 100% complete. Please contact Troy FPD two working days prior to the date the inspections are needed to be complete. Feel free to contact Troy FPD with any questions you might have.

Sincerely,

Troy Fire Prevention Bureau



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Plan Submittal Form

Project Information

Date _____

Name of Project: _____

Address of Project: _____

City: _____ State: _____ Zip: _____ Date of Construction: _____

Submitter Information

Submitter's Name and relation to project: _____

Address of Submitter: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____ Email: _____

Note: Troy FPD requires 3 sets of plans, 1 application (pages 2-4), all applicable cut sheets for all installed equipment and all applicable calculation sheets to be submitted.

All paperwork can be mailed or dropped off in person to:

700 Cottage St.

Shorewood, IL 60404.

TFPD Use Required Plans Submitted, one set of each Building Sprinkler Alarm Kitchen Hood

TFPD Use Required Cut Sheets and Calculations Submitted Building Sprinkler Alarm Kitchen Hood

Building Information

The Plans Are For:

- New construction
- Addition to an existing building
- Remodel or build-out of an existing building

Occupancy Classification (NFPA or ICC Classification)

- | | | |
|--|--|--|
| <input type="checkbox"/> Health Care | <input type="checkbox"/> Ambulatory Health Care | <input type="checkbox"/> Institutional |
| <input type="checkbox"/> Assembly | <input type="checkbox"/> Day Care | <input type="checkbox"/> Educational |
| <input type="checkbox"/> Apartment Building | <input type="checkbox"/> Hotel/ Dormitory | <input type="checkbox"/> Detention and Correction |
| <input type="checkbox"/> Residential | <input type="checkbox"/> Lodging & Rooming House | <input type="checkbox"/> Residential Board and Care |
| <input type="checkbox"/> Industrial/Factory | <input type="checkbox"/> Mercantile | <input type="checkbox"/> Business |
| <input type="checkbox"/> Miscellaneous/Utility | <input type="checkbox"/> Storage | <input type="checkbox"/> Mixed Occupancy, please mark all that apply |

Will any High Hazards be stored or manufactured at this location? Yes No

Number of Stories: One Two Three >Four "High Rise" (> 75 ft)

Is there a Basement; or one or more levels below the level of discharge? Yes No

Building Construction (describe materials used; Examples, Concrete, Wood, Steel...)

Wall construction: _____

Roof construction: _____

Floor construction, each floor if multiple: _____

Roof covering: _____

Building Fire Protection Systems

Will the building be protected by an automatic fire sprinkler system?

Yes, new system or changes/additions to existing No system being installed or No work being done to existing

A partial system will be installed, Specify: _____

If yes or partial what NFPA 13 standard and edition (year) is the system being designed to: _____

Contractor Information

Sprinkler Contractor Name: _____

Designers Name: _____

Licensee Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____ Email: _____

Will the building be protected by an automatic alarm system?

Yes, new system or changes/additions to existing No system being installed or No work being done to existing

A partial system will be installed, Specify: _____

If yes or partial to what edition (year) of NFPA 72 is the system being designed to: _____

Contractor Information

Alarm Contractor Name: _____

Designers Name: _____

Licensee Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____ Email: _____

Will the building have a hood and hood fire suppression system?

Yes, new system or changes/additions to existing No system being installed or No work being done to existing

If yes to what edition (year) of NFPA 17 and NFPA 96 is the system being designed to: _____

Contractor Information

Hood Fire Suppression System Contractor Name: _____

Designers Name: _____

Licensee Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____ Email: _____

Will a different contractor be designing and installing the hood system? Yes, if yes fill out the next section No

Hood System Contractor Name: _____

Designers Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____ Email: _____

Will the building or site contain any of the following?

Fire lanes Yes No

Fire barriers, fire walls, or smoke partitions Yes No

Emergency lighting and Exit signage Yes No

Areas of refuge Yes No

Elevators Yes No

Notes:

- Troy FPD requires by ordinance that a Knox Box be installed on all buildings except 1 and 2 family dwellings. Please contact Troy FPD for the ordering information for the Knox Box.
- Troy FPD follows NFPA 101 Life Safety Code 2000 Edition and International Fire Code 2012 Edition.

Any other information that you feel may be pertinent to Troy FPD’s review of the submitted plans

Signature of Submitter _____ Printed Name _____ Date _____

Troy FPD Use Only

Plans approved by Troy FPD: Yes No Date Approved _____

Plans to 3rd party service: Building Sprinkler Alarm Hood and Extinguishment Date Approved _____