

**WHITNEY FIRE DISTRICT**  
**Ada County, Idaho**  
**Fire Sprinkler Plan Review**

All sections below must be completed.

Date: \_\_\_\_\_ Whitney FD Num.: \_\_\_\_\_  
Bldg Permit Number: \_\_\_\_\_

Applicant: \_\_\_\_\_

Project Name: \_\_\_\_\_

Project Address: \_\_\_\_\_

Parcel Number: \_\_\_\_\_

Sprinkler Contractors Name: \_\_\_\_\_

Address: \_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contractor License Number: \_\_\_\_\_

Bldg Owner/Rep. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Bldg Owner/Rep. Address: \_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_

Designer's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Company Name & Address: \_\_\_\_\_

Address: \_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_

Designer's Qualifications: \_\_\_\_\_

**Installer Information:**

Installer's Name \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Check One**

- New system in new building
- New system in existing building
- Replacement of existing system (Include reason for replacement in explanatory comments)
- Modification of existing sprinkler system.

Number of sprinkler heads. \_\_\_\_\_

**Scope of Work**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Building Occupancy Groups**

For new fire sprinkler systems, list all occupancies within the building; verify with architect: \_\_\_\_\_

For TI (E or N) - modifications, list occupancy of the TI space; verify with architect and/or building permit: \_\_\_\_\_

**Recommendations:**

Recommend Approval

Recommend Disapproval

Conditions of approval/ Field inspector review items:

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