



**Fire Alarm System Plan Review**  
**Sioux City Fire Rescue**  
 601 Douglas St. Sioux City, IA 51101  
 Phone: 712-279-6377 Fax: 712-279-6106  
 fireprevention@sioux-city.org

NO construction shall commence until project plans have been reviewed, approved, and a permit issued. Construction without a permit shall receive a Red Tag/immediate Stop Work Order. A Stop Work Order will not be lifted until a Permit is issued and the contractor pays all applicable fees.

**SECTION A – PROPERTY INFORMATION**

Name of facility: \_\_\_\_\_ Facility address: \_\_\_\_\_  
 Owner's Name: \_\_\_\_\_ Owner's Address: \_\_\_\_\_  
 Owner Phone #: \_\_\_\_\_ Size of building covered by project: \_\_\_\_\_ Sq.ft.

**SECTION B – SYSTEM DESIGNER / CONTRACTOR:**

Company Name: \_\_\_\_\_ Iowa FAC #: \_\_\_\_\_  
 Company Address: \_\_\_\_\_ Contact Person (Designer): \_\_\_\_\_  
 Contact Phone #: \_\_\_\_\_ Contact Email: \_\_\_\_\_

**SECTION C – BUILDING USE AND OCCUPANCY CLASSIFICATION**

Occupancy classification as defined by the **2024 International Fire Code** (check all that apply):

- |                              |                            |                            |                              |                              |                                     |                                     |                                     |                              |                            |
|------------------------------|----------------------------|----------------------------|------------------------------|------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|------------------------------|----------------------------|
| <input type="checkbox"/> A-1 | <input type="checkbox"/> B | <input type="checkbox"/> E | <input type="checkbox"/> F-1 | <input type="checkbox"/> H-1 | <input type="checkbox"/> I-1 Cond 1 | <input type="checkbox"/> I-3 Cond 1 | <input type="checkbox"/> R-1        | <input type="checkbox"/> S-1 | <input type="checkbox"/> U |
| <input type="checkbox"/> A-2 |                            |                            | <input type="checkbox"/> F-2 | <input type="checkbox"/> H-2 | <input type="checkbox"/> I-1 Cond 2 | <input type="checkbox"/> I-3 Cond 2 | <input type="checkbox"/> R-2        | <input type="checkbox"/> S-2 |                            |
| <input type="checkbox"/> A-3 |                            |                            |                              | <input type="checkbox"/> H-3 | <input type="checkbox"/> I-2 Cond 1 | <input type="checkbox"/> I-3 Cond 3 | <input type="checkbox"/> R-3        |                              |                            |
| <input type="checkbox"/> A-4 |                            |                            |                              | <input type="checkbox"/> H-4 | <input type="checkbox"/> I-2 Cond 2 | <input type="checkbox"/> I-3 Cond 4 | <input type="checkbox"/> R-4        |                              |                            |
| <input type="checkbox"/> A-5 |                            |                            |                              | <input type="checkbox"/> H-5 |                                     | <input type="checkbox"/> I-3 Cond 5 | <input type="checkbox"/> R-4 Cond 1 |                              |                            |

Square footage of building covered by fire alarm system: \_\_\_\_\_ # of stories above grade plane: \_\_\_\_\_ # of subfloors: \_\_\_\_\_

For occupancy classes E, I or R with fuel burning appliances or attached garages, how will carbon monoxide detection be provided?  N/A  
 (state method and location(s): \_\_\_\_\_)

**SECTION D – SYSTEM DESIGN**

Indicate if the installation of the proposed fire alarm system is (check all that apply):

- |  |   |
|--|---|
| <input type="checkbox"/> Required by the International Fire Code             | <input type="checkbox"/> Required by insurance provider |
| <input type="checkbox"/> Not required, system is being voluntarily installed | <input type="checkbox"/> Other _____                    |

This proposal represents:  New Installation  Addition  Replacement  Upgrade

Provide a brief description of the work: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Alarm System Type:**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Manual System             | <input type="checkbox"/> Point Addressable System       | <input type="checkbox"/> Automatic smoke and fire detection |
| <input type="checkbox"/> Analog Addressable System | <input type="checkbox"/> Manual and automatic detection | <input type="checkbox"/> Conventional zone system           |
| <input type="checkbox"/> Addressable System        | <input type="checkbox"/> Wireless system                | <input type="checkbox"/> Other _____                        |

**Alarm System Supervision:**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Central station system | <input type="checkbox"/> Proprietary system | <input type="checkbox"/> Remote station system |
| <input type="checkbox"/> Auxiliary system       | <input type="checkbox"/> Local Alarm        | <input type="checkbox"/> Other _____           |



# Fire Alarm System Plan Review

### Fire Protection and Life Safety Systems integrated with Fire Alarm System (check all that apply):

- Wet sprinkler system
- Dry pipe sprinkler system
- Preaction sprinkler system
- Deluge sprinkler system
- Clean agent sprinkler system
- Kitchen hood suppression system
- Fire pump
- Door hold-open release
- Fire shutter hold-open device
- Smoke control exhaust
- Emergency generator supervision
- Other \_\_\_\_\_
- Delayed egress unlocking device
- Elevator automatic recall
- HVAC equipment
- Smoke control stairway pressurization
- Mass communications system or device

### Alarm signal (check all that apply):

- Pre-alarm notification signal
- Recorded voice emergency notification
- Manual paging emergency notification
- Audible alarm signal
- Visual alarm signal
- Other \_\_\_\_\_

### Alarm Annunciation (check all that apply):

- Fire control panel
- Remote annunciator(s)
- Graphic panel

### Power equipment for Fire Alarm System (check all that apply):

- AC power source circuit breaker (dedicated)
- Secondary public power source
- Emergency generator
- Other \_\_\_\_\_

## SECTION E – DOCUMENTATION AND PLANS

### Submitted plans shall note the location of the following equipment and/or devices:

- Legend of symbols and scale used (NFPA 170)
- Room dimensions
- Building elevations
- Fire alarm circuits and type indicated
- Smoke detection devices
- Heat detection devices
- Duct smoke detection devices
- Flame detection devices
- Manual pull boxes
- Notification audible devices
- Notification visual devices
- Exterior audible/visual devices
- Candela rating of devices
- FD communication devices
- Fire alarm control panel
- Fire alarm communications center
- Remote annunciators
- System riser diagram
- FA system operational sequence
- Standby battery calculations
- Voltage drop calculations
- Power supply calculations
- Special hazards
- System integration features

TOTAL NUMBER OF:    Initiation devices: \_\_\_\_\_    Warning devices: \_\_\_\_\_    Circuits: \_\_\_\_\_    Zones: \_\_\_\_\_

## SECTION F – REQUIREMENTS AND FEES

- Yes    No    Electronic copies (in PDF format) of plans submitted on CD, thumb drive or emailed to fireprevention@sioux-city.org
- Yes    No    Two (2) copies plans submitted in paper format.
- Yes    No    N/A    Return postage affixed to self-addressed return packaging. (If wishing to have stamped set(s) of plans and specifications returned)
- Yes    No    Plans include all applicable elements listed in Chapter 7 of NFPA 72 (2022 edition).
- Yes    No    The proper submittal fee must accompany the plans based on the following fee schedule.
  - Building size 0-4,999 square feet ..... \$100.00
  - Building size 5,000-19,999 square feet ..... \$200.00
  - Building size 20,000-99,999 square feet ..... \$300.00
  - Building size 100,000 square feet or greater..... \$500.00

Checks shall be made payable to **CITY TREASURER, SIOUX CITY, IA.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Printed Name

\_\_\_\_\_  
Contact Phone Number