



Fire Alarm Plan Review Requirements

2018 IBC

The following are minimum requirements for plan review:

- Submit permit application and two copies of signed, stamped and dated plans by a SC registered engineer:
 - Label use of all rooms;
 - Locations of alarm-initiating and notification appliances; annunciator to be located in vicinity of main entrance; visible alarm notification appliances shall be provided in all public & common areas;
 - Power connection;
 - Battery calculations;
 - Conductor type, sizes and protection of circuits;
 - Voltage drop calculations;
 - DB level of horn(s); minimum 70 db;
 - Location and height of fire alarm boxes;
 - If fire alarm system is monitored; if not, a sign shall be installed complying with 2018 IBC Section 907.3.4;
 - Fire alarm symbols legend.

Contact:

Colleen Hajnal
Plans Expeditor
(843) 918-1164
chajnal@cityofmyrtlebeach.com



CITY OF MYRTLE BEACH CONSTRUCTION SERVICES BUILDING FIRE PERMIT APPLICATION

Job Site/ Physical Address		Building Use <input type="checkbox"/> Commercial <input type="checkbox"/> Res	Zoning District	Flood Zone	
Lot #	Block	Section/ Subdivision	TMS/PIN		
Owner of Property		Mailing Address		Phone	
Lessee/Business Name		Mailing Address		Phone	
Contractor		Mailing Address		Phone	
				City License #	
				State License #	
Architect/Engineer		Mailing Address		Phone	
				City License #	
				State License #	
Work Classification <input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Remove/Demo				Property Maintenance <input type="checkbox"/> Yes <input type="checkbox"/> No	
Nature of Work: <input type="checkbox"/> Sprinkler System <input type="checkbox"/> Fire Alarm System <input type="checkbox"/> Fire Alarm Panel <input type="checkbox"/> Standpipe System <input type="checkbox"/> Kitchen Hood w/Suppression <input type="checkbox"/> Automatic Extinguishing System (Requires mechanical permit) <input type="checkbox"/> Underground Fireline					
Description of Work					
IBC/IRC CODE YEAR _____	Tap Ticket #	Sprinkled <input type="checkbox"/> Yes <input type="checkbox"/> No	Type Construction	Occupancy Group	Sq Ft
Total Valuation		Plan Review Fee		Permit Fee	
Date Received		Date Issued		Permit #	
<i>I hereby certify that I have read and examined, or have had read to me, this application and understand this application to be true and correct. Compliance with all provisions of laws and ordinances governing this type of work shall be assured whether specified herein or not. The granting of this permit does not presume to give authority to violate or cancel the provision of any federal, state or local laws regulating construction, or the performance of construction.</i>					
Signature of Owner or Authorized Agent		Printed Name		Phone	Fax
Company		Email Address			

Project Coordination

Department	Required	Permit Approval Signatures
Zoning		
Building/Fire		
Engineering		
Business License		

This permit becomes null and void if work or construction which is authorized is not commenced within six months of its issuance, or if work or construction is suspended or abandoned for a period of 6 consecutive months at any time after it is commenced. This permit does not grant any right or privilege to erect any structure or to use any premises herein described for any purpose or in any manner prohibited by the Zoning Ordinance of the City of Myrtle Beach.

Construction Services, 921 N Oak St, Myrtle Beach, SC 29577, Ph: 843-918-1111
 Remit to planreviewer@cityofmyrtlebeach.com or Fax: 843-918-1158



PROJECT: _____
PERMIT #: BF _____
permittech@cityofmyrtlebeach.com
or Fax to 843-918-1158

Fire Alarm Acceptance Test

1. Tools required on site
 - a. Can smoke for the detectors or recommended method for testing the smoke chamber approved by the manufacturer, smoke bombs for the duct detectors, heat gun for heat detectors or any other device necessary for testing initiating devices.
 - b. Two-way radios.
 - c. Any other tools required for testing of the system.
2. Approved set of plans
 - a. Check the locations of all devices, panel(s), and remote annunciator.
 - b. Make sure that all zone maps are installed, legible and that the initiation devices are located accordingly to the plans and the FACP.
3. Check the fire alarm control panel (FACP)
 - a. Placard 20 square inches minimum on or near the FACP, with the central station name and phone number.
 - b. Check the FACP for the electrical panel and breaker number supplying power making sure there is a lock-out on the breaker.
 - c. Disconnect each phone line and verify trouble.
 - d. Disconnect power supply to verify battery operation, and disconnect battery and verify trouble on the FACP.
 - e. Verify spare fireman's phones.
4. Testing of the fire alarm system
 - a. Place the system on "Test".
 - b. Test each smoke and heat detector for proper operation and check the FACP for correct verification of the location of each unit.
 - c. Smoke detectors shall be mounted three feet from any air supply diffusers or ceiling fans.
 - d. Smoke detectors shall be mounted on the walls 4" minimum to 12" maximum from the ceiling to the top of the detector.
 - e. Automatic door closure smoke detectors shall be located along the center line of the door a maximum of 60" from the door at ceiling locations.
 - f. Verify HVAC shut down and automatic doors close properly and form a seal.
 - g. Verify all tamper switches work properly, maximum of two turns or 1/5th the travel distance of the valve from its' normal position.
 - h. Verify all flow switches work properly and signal alarm between 30 and 60 seconds of water flowing.
 - i. Verify all indicating devices working properly.
 - j. Audible characteristics, 15dba above ambient noise levels, 120dba maximum, areas having sound levels above 115dba requires visual signaling appliances.
 - k. Location of visual devices shall be between 80" minimum to 96" maximum above the finish floor.
 - l. The flash rate shall not be over 2 flashes per second, nor less than 1 flash per second.

- m. Check for strobe synchronization in the same viewing area. Allow time for the strobe to operate to determine the circuit is in synchronization.
- n. Verify the operation of all manual pull stations.
- o. Pull station height minimum 3.5 ft and maximum 4.5 ft above finish floor.
- p. Pull stations shall be located a maximum of 5 ft from any exit door on each floor in the direct path of travel, also a pull station shall be located adjacent to the main telephone switchboard.
- q. Take the system off test. Test the smoke detector in the FACP room timing the signal arrival to Fire Dispatch (three minutes) and verify address and structure name with dispatch.

Fire alarm inspections require a 48 hour notice. During the inspection process if any two (2) of the inspection items listed above fail, the inspection will be terminated and a re-inspection fee will need to be paid before another inspection request is called in.

NOTE: According to the equipment located in the building, additional test may be required.

I have checked the above procedure and all items on the list are working properly.

Signature _____ Date _____

Print Name _____

Company _____

This form shall be emailed to permittech@cityofmyrtlebeach.com or faxed to 843-918-1158 BEFORE date of final inspection.