



SAN BERNARDINO COUNTY FIRE DEPARTMENT
OFFICE OF THE FIRE MARSHAL
COMMUNITY SAFETY DIVISION

SUBMITTAL CHECKLIST
KITCHEN HOOD SUPPRESSION SYSTEM – NFPA 17A

GENERAL REQUIREMENTS:

1. _____ A minimum of three sets of drawings
2. _____ Completed application
3. _____ Payment

REQUIREMENTS ON PLANS:

1. _____ Project / Building name, street address and city
2. _____ Building number and/or suite (if applicable)
3. _____ Name, address, phone number and license number of C-16 contractor with
4. _____ signature.
5. _____ Assessor's Parcel Number (APN)
6. _____ Scaled or fully dimensioned drawings
7. _____ Equipment symbol legend
8. _____ Equipment part numbers
9. _____ Verify system is UL 300 listed
10. _____ Plan view of room and all equipment
11. _____ System model and permissible number of flow points
12. _____ Description and measurements of appliances to be protected
13. _____ Type of fuel or power shut-off device
14. _____ Number of nozzles and aggregate flow rate, total flow points and nozzle types identified
15. _____ Show location of pull station in path of egress and height from floor

ADDITIONAL REQUIREMENTS:

1. _____ Manufacturers design manual or pages related to submitted installation

**These are the minimum general requirements for plan check submittal.
Additional requirements may be required upon review.**