

HVAC REPLACEMENT ONLY¹

One for one swap out of units >2000 CFM

Fire Marshal's
Office



Plan Review

Job Name: _____
Address: _____ Bldg: _____ Suite: _____
City: _____ Zip: _____
Applicant Name: _____ Phone: _____
Email: _____
HVAC Company: _____ Phone: _____

GENERAL BUILDING INFORMATION:

Location of work in the Bldg: _____
Fire Alarm System Present: Yes No
List the number of units with their tonnage (i.e. 2x 10 ton RTU):

DIRECTIONS:

Email this completed application to FMOInspections@cobbcounty.org. You will receive notification that this application is ready for pick-up (expect at least one business day delay). The application must be picked up at the Fire Marshal's Office at 1595 County Services Pkwy, Marietta 30008. A \$100.00 review fee is due upon pick-up. The fee shall be payable by cash, check, or money order. Make all checks payable to: Cobb County Fire. No work shall be conducted until permitting is completed through the Cobb County Building Department.

INITIAL all applicable lines below to ensure acknowledgement:

- _____ The new HVAC unit will be equipped with a new duct detector(s).
- _____ Units over 2,000 CFM must have the duct detector on the supply side
- _____ Units over 15,000 CFM must have the duct detectors on the supply and return sides
- _____ All detectors shall be listed for their specific use to include the air velocities, temperature, and humidity expected.
- _____ If a Fire Alarm is not present each unit requires an audible and visible signal in a normally occupied location (i.e. remote test switch).
- _____ If a Fire Alarm is present the duct smoke detectors shall be interfaced and all signals shall be initiated as supervisory only.
- _____ The proposed work does not modify any plenum spaces or penetrate any fire/smoke barriers, walls, or partitions.
- _____ A smoke shutdown test with live smoke must be requested.

To schedule the required smoke shutdown test visit: <http://www.cobbfmo.org>

Select "online request forms" then "Life Safety Inspection Request"

Choose Inspection Type: **LSC Smoke Shutdown Test**

By signing, I hereby acknowledge that the HVAC work will comply with the adopted editions of the International Mechanical Code and NFPA 72: National Fire Alarm Code

Applicant Signature: _____ Date: _____

Tenant / Building Owner Signature: _____ Date: _____

Print Tenant / Building Owner: _____

¹ The above is not an all-inclusive list; all applicable fire and life safety provisions must be met.

Notes: _____

CCFMO: _____ **DATE:** _____