2399 North Frontage Road West
Vail, CO 81657
www.vail.gov/government/departments/fire

Fire and Emergency Services
Main 970-479-2250
Fire Prevention 970-477-3536

Alternative Automatic Fire-Extinguishing Systems Submittal Checklist

Submittal Process: This document is required to be filled out for any Alternative Automatic Fire-Extinguishing System (AAFES) Plan Reviews or Scope Letter submittals, that follows NFPA 96 and other NFPA requirements. Failure to provide the following information may require a Corrections Required and Resubmittal.

***The checklist form will need to be electronically filled out and uploaded to the documents section of Project Dox platform for any AAFES permit reviews.**

Project Information

Project Name: _____ Date of Submittal: _____

Project Address: _____

Was there a Building Permit Applied For? ☐ Yes ☐ No Building Permit #: _____

Construction Type: _____ *(Click to See Table)*

Occupancy Classification: _____ *(Click to See Table)*

Type of Fire AAFES Project: ☐ New ☐ Modification ☐ Repair/Maintenance/Replacement

Is there a new Sprinkler System being designed that is also part of the AAFES? ☐ Yes ☐ No
Is the current Sprinkler System being modified for the AAFES? ☐ Yes ☐ No
Do you have the Sprinkler System Contractor/Plans to reference? ☐ Yes ☐ No
Fire Sprinkler Permit # _____
Is there a new Fire Alarm System being designed that will monitor the AAFES? ☐ Yes ☐ No
Is the current Alarm System being modified for the AAFES? ☐ Yes ☐ No
Do you have the Alarm System Contractor/Plans to reference? ☐ Yes ☐ No
Fire Alarm Permit # _____

(Select all the apply to this permit submittal)

- ☐ Wet-Chemical System
- ☐ Halon Systems
- ☐ Automatic Water System
- ☐ Automatic Sprinkler System
- ☐ Dry-Chemical System
- ☐ Water Mist System
- ☐ Hybrid Fire-Extinguishing
- ☐ Other approved _____
- ☐ Foam System
- ☐ Carbon Dioxide System

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Contractor/Owners Information

Fire Contractor/Submitting Party Name: _____ TOV Fire License # _____

Contact Name: _____ Company Name: _____

Title: _____ Contact Number: _____

Email Address: _____

Building Owners or Lessee Name: _____

Contact Name: _____ Company Name: _____

Contact Number: _____ Email Address: _____

Jobsite Contacts

Lead AAFES Installer(s) Name and Contact Number: NICET II# _____

Apprentice(s) Names and Contact Number:

Note: Any additional names need to be submitted on a separate document

Impairments to In-service Fire/Life Systems

☐ I attest that I have read and explained to the system owner the following requirements of the International Fire Code (IFC) that are required of owners whenever a fire/life system is being planned for an impairment or out-of-service. As the contractor, I will also follow all requirements as required in IFC, specific to the contractor's impairment requirements.

IFC Sections: 901.7 through 901.8

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Plan Design Requirements Commercial Cooking Hood Systems

(Select All the Apply)

- ☐ Plans must bear the signature and stamp of a P.E. or NICET Level III or above
- ☐ NFPA Code and Edition
- ☐ Floor and/or area identification
- ☐ Indicate the approximate scale, northern direction, and date the drawing was completed
- ☐ Location of ALL components: e.g., panels, devices, appliances, interfaces, auxiliary equipment, etc.
- ☐ Gas line location and isolation locations – main gas isolation
- ☐ Power location and isolation location
- ☐ Tether points and the number of
- ☐ Proper size of suppression tanks and location(s)
- ☐ Coverage and positioning of all nozzles
- ☐ Pipe size and length (including fittings)
- ☐ Proper fusible links and location(s)
- ☐ Location of manual pull stations; provide measurements per IFC 904.14.1
- ☐ Location of the Type K extinguisher
- ☐ Horn and Strobe placement
- ☐ Make-up air has been addressed
- ☐ System is connected to Fire Alarm Control Panel and on its own zone

Additional Submittal Sheets Required:

- ☐ Manufacturer's information and data specification sheets on the equipment; highlight listing information
- ☐ Model(s) shall be highlighted or noted if listing multiple designs
- ☐ Wiring diagrams for all components
- ☐ All field connections to Central Station, releasing equipment and fire safety control interfaces
- ☐ As-built drawings shall be provided if requested by VFES

TOWN OF VAIL

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Signature of Party Submitting

- ☐ I acknowledge that the above information is accurate.
- ☐ I acknowledge that I am trained by the Manufacturer, or my employees are on how to install, modify or service the above marked systems, and have included my certifications and my employees that will be doing the work.
- ☐ I understand that any changes from what is being submitted will need to be approved by VFES Fire Code Officials.
- ☐ I have read and understand VFES Installation Standards.
- ☐ I have read and understand IFC, Section 901.2.1 Statement of Compliance, and will provide this to VFES Fire Code Officials at the time of final inspection.

Signature: _____

Printed Name: _____

Contact Number: _____

Email Address: _____

Please Save This Completed Form and Upload to Project Dox Doc Section

CLICK HERE TO APPLY FOR PERMIT