



City of Mercer Island

Fire Marshals Office

9611 SE 36th Street • Mercer Island, WA 98040-3732

PHONE (206) 275-7605 • FAX (206) 275-7726

www.mercerisland.gov

Kitchen Hood Review

Date: _____

Pages: 1-4

Project Address: _____

Property Name: _____

Contractor _____

Mailing Address: _____

CONTRACTOR: This sheet must accompany the kitchen hood system plans. Fill out the sheet completely and use it as a guide to prepare your plans. Items that are not included will cause the plans to be rejected and delays in the project.

We no longer accept 8 ½" x 11" plans. Full scaled drawings are required.

Submit Plans via on-line portal: <https://www.mercerisland.gov/cpd/page/fire-permit-application-submittal-instructions>

Checklist Legend: ✓ or **OK** = no problem, **W** = will forward info to you, **NA** = not applicable

1. _____ PDF viewable drawings

2. _____ Equipment is listed for use and **designed per UL 300** (copy of spec. sheets are required)

Floor plan showing:

3.____ Scale: a common scale shall be used and plan information is legible.

4.____ Equipment/symbol legend is provided.

5.____ Sectional view of the room and equipment are provided.

Pre-engineered Wet Chemical Systems:

6.____ Total number of nozzles provided are _____ and flow point total is _____.

7.____ System model is _____, allowable flow points are _____, and it is UL 300 approved.

8.____ Description and measurements of appliances are provided, also provide “hazard area” measurements.

9.____ Measurements of hood, plenum, and duct are provided.

10.____ Pipe size and length for supply, branches, etc. are provided, if it applies, provide “equivalent” calculation.

11.____ Pipe volumes are provided with calculations when it’s part of the manufacturer’s design criteria.

12.____ Pipe configuration complies with the manufacturer’s listing design manual.

13.____ Piping and nozzles are secured, will be checked on site.

14.____ Type of fuel or power shutdown device is described and detailed.

15. ____ Fuel or power shutdown device is type that requires manual resetting, state on plan.
16. ____ All equipment under the hood shall shutdown when the system activates.
17. ____ Nozzle types are identified and are correct for the appliance hazard and type of use.
18. ____ Nozzle placement complies with the manufacturer's listing, show distance ranges to hazard surface, from filters, and duct opening.
19. ____ Plenum and duct areas are protected per the manufacturer's listing.
20. ____ System is tied into the building fire alarm system, if provided.
21. ____ At least one accessible manual pull station is provided in path of egress, 10' to 20' (2003 IMC 509.3) from the hood and 44" to 54" (ADA) above the floor, is noted on plan.
22. ____ Control head model is provided and the chemical container is accessible and not above ceiling nor sitting on the floor, describe location.
23. ____ Fusible links located per the manufacturer's listing and the detector part number is provided.
24. ____ Fusible link temperature rating matches hazard classification.
25. ____ Simultaneous activation of systems occurs when protecting common hoods, plenums, and/or ducts.
26. ____ A test connection to verify equipment shutdown (devices must be manual reset) is detailed, 7.9.11.

Additional Comments:

I will submit plans with the above requirements

SIGNATURE _____ **PRINT** _____

Date of Signature _____ **Permit Tech** _____

If the above signature is not the owner, a copy of this document shall be provided to the owner by the person signing.