



Fire Dept. Checklist

Residential Renovation Sprinkler System



Senate Bill 1598 (A.R.S. § 9-835(D)) passed by the Arizona Legislature in 2011 requires an Administrative Review of permit applications. A letter of Administrative Completeness or a Notice of Deficiency must be issued to the applicant during the Administrative Review Time Frame. This document serves as that notice. This checklist has been provided to assist the applicant in preparing a complete application. Only complete applications can be accepted for plan review.

| NO. | DESCRIPTION | Provided | Not Provided |
|-----|--|--------------------------|--------------------------|
| 1. | Completed application | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | Full plan sets (3 paper or 1 digital) | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | - Site name | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | - Physical Address & Suite # | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. | - Property Owner | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. | - Installing contractor, ROC#, TPT#, and contact information | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. | - Engineer or NICET Level III (min.) stamp | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. | Scope of work statement | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. | Hydraulic flow calculations (If required) | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. | Manufacture spec. sheets on all components being installed | <input type="checkbox"/> | <input type="checkbox"/> |

Application # _____ Plan Check # _____ Key Code: _____

Per the requirements of Senate Bill 1598, this permit application is:

- Accepted as Administratively Complete.
- Deficient, items marked "**NOT PROVIDED**" are required for plan acceptance.

Date: _____ Staff Member: _____

Contact staff for questions regarding the Administrative Log-In Review Screening.

Print Customer Name: _____ Phone: _____

Customer Signature: _____ Date: _____

Notes: _____

This Administrative Review is valid for 180 days from the date of acceptance. For additional information visit our website at <http://www.scottsdaleaz.gov/building-resources/forms>

Planning and Development Services

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