

TIMOTHY P. MCLAUGHLIN
CHIEF



B/C RICHARD MATARESE
FIRE MARSHAL

JOHNSTON FIRE DEPARTMENT
1520 ATWOOD AVENUE
JOHNSTON, RI 02919

TEL: (401) 351-1600 EXT. 1116 FAX: (401) 454-3473

fireprevention@johnstonfire.us

LIFE SAFETY PLAN REVIEW REQUIREMENTS

The following must be strictly adhered to where applicable.

- Plans – Four (4) sets of stamped architectural drawings
- Plans must be neat and legible
- Plans must be drawn to scale
- Plans shall include a legend
- Hydrant flow test reports (copies are permissible)
- Architectural plans showing all floors, details, sections, completed door schedule, location of fire extinguishers and complete room finish schedule
- Electrical drawings showing all emergency lighting and exit signs
- HVAC drawing
- Plumbing drawings
- Structural drawings to include all fire proofing to be done
- Floor plans and layouts
- All sprinkler drawings shall be stamped by a RI registered engineer
- All water calculations shall be provided
- Cut sheets shall be provided with all drawings

Fire Alarm Plans are to be submitted to the Fire Alarm Superintendent with Fire Alarm Plan Review Application.

Plan review fees are determined according to Johnston Town Ordinance §172.32

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LIFE SAFETY PLAN REVIEW APPLICATION

Date: _____

Business Name:

Address:

Contact Person for questions regarding plans

Name

_____ Phone _____

Contact Person Plan Pickup

Name

_____ Phone _____

Property Owner:

Address:

City: _____ State: _____ Zip: _____

Telephone: _____

Contractor: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

TYPE OF OCCUPANCY:

____ Residential 1 & 2 Family

____ Residential 3 Family

____ Assembly

____ Detention/ Correctional

____ Mercantile

____ Educational

____ Lodging/Rooming Houses

____ Business

____ Day Care

____ Hotels/Motels/Dormitories

____ Industrial

____ Health Care

____ Apartment Buildings

____ Storage

____ Ambulatory Health Care

____ Residential Board & Care

____ Special Structures
(Specify)

TYPE OF WORK PROPOSED:

____ New Building

____ Addition

____ Renovation

____ Other

(Specify)

A. Estimated Cost of Project \$ _____ .00

B. Construction Classification: _____

C. Sprinkler System : YES NO Type of System: _____

Type of Heating and/or air conditioning: _____

Fire Alarm System installed or modified YES ___ NO ___ (If fire alarm system is being installed or modified, Fire Alarm Plan Review Application is also to be completed)

I hereby certify that I have the authority to make the foregoing application, that the application is correct and that the owner of this building and the undersigned agree to comply with the applicable codes and ordinances of this jurisdiction.

Signature: _____