

FORM 1C

Aon NZ Limited
 Aon Sprinkler Certification
 Aon Building, 1st Floor,
 4 Fred Thomas Drive,
 Takapuna, North Shore City, 0740
 Telephone: 09 – 486 9761
 Fax: 09 – 486 0112

Aon File Reference: _____

APPLICATION FOR APPROVAL OF DESIGN PARAMETERS FOR ALL EXTENSIONS AND ALTERATIONS OVER 20 HEADS

Name of Site _____
Street Address _____ **Town/City** _____
Name of Building _____

1 WORK TO BE CARRIED OUT (tick)

Alteration to System <input type="checkbox"/>	Alteration to water supply <input type="checkbox"/>
New Water Supply <input type="checkbox"/>	Extension to system <input type="checkbox"/>

2 APPROVAL STANDARD NZS4541 NZBC

3 EXPOSURE OTHER _____

Are there commercial or industrial buildings or combustibles within 10m of the protected building? Yes/No

AND/OR domestic residences within 3m of the protected area? Yes/No

If **YES** to either of the above, show on the Block Plan and label with the type of risk.

4 CONCEALED SPACES (tick)

(a) Are there any concealed spaces in the protected building?

Ground to Floor	<input type="checkbox"/>	Ceiling to Floor	<input type="checkbox"/>	Ceiling to Roof	<input type="checkbox"/>	Floor to Floor	<input type="checkbox"/>
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(b) How will the concealed space be protected?

Sprinklers	<input type="checkbox"/>	Fire Separation	<input type="checkbox"/>	Draught Stopped	<input type="checkbox"/>	Other	<input type="checkbox"/>
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(c) Describe area? _____

5 SEPARATION (tick)

Across Boundary <input type="checkbox"/>	Between Protected and Unprotected Cells <input type="checkbox"/>	
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(a) Separation will be achieved as follows

Distance <input type="checkbox"/>	FR Construction (Firewall) <input type="checkbox"/>	External Sprinklers <input type="checkbox"/>
None (NZBC) * <input type="checkbox"/>	* If NZBC Acceptable Solutions include a copy of the Engineers Fire Report	

(b) Describe materials of FRR floors, walls, ceilings or spandrels in Section 5 below (Show location on Block Diagram)

(c) If external sprinklers are used, state type, size and number designed to be operated in Section 10.

6 CONSTRUCTION of: (Indicate FRR where appropriate)

Roof _____	Parapeted _____
External Walls _____	Floors _____
Ceilings _____	

7 OCCUPANCY Principle Use of Building: _____

8 DENSITY / AREA OF OPERATION

Area description (Reference onto Block Plan)	Density	Area of Operation	Category of Goods	Maximum Storage Height	Duty Flow	Duty Pressure
Highest Duty Flow			Highest Duty Pressure			

9 WATER SUPPLY CLASS (circle)

A	B₁	B₂	C	NZBC Single Supply	2003 Standards
A	B₂	C₁	C₂	NZBC Single Supply	2007 Standards

Water Supply Source / Storage capacity / Pump Description – Provide pump and driver details with application.

- (a) Primary:
- (b) Secondary:

- (c) Attach Hydraulic Graph for each supply with highest design flows and pressured indicated, in accordance with Figure A1. – NZS4541:2003.
- (d) Show on Block Plan all valves between source and alarm valve. Show valves closed driving water supplies testers.
If Class B system, show mains interconnections and valves and describe location of water reservoir.
- (e) If electric motor driven pumps, sketch on the Block Plan the route of the medium voltage circuit and the circuit position of all switchgear on it from the pump to the transformer or the point of entry to the protected premises.

10 VALVE SETS AND AREA OF PROTECTION

	Current floor area protected	Current C/S area protected	Additional area of floor Extn.	Additional area C/S Extn.	Total floor area	Total CS area
Valve Set 1						
Valve Set 2						
Valve Set 3						
Valve Set 4						

11 RECORD OF ALL TYPES OF SPRINKLERS TO BE USED IN THE FACILITY

Include a copy of the manufacturers data sheet for Residential, EC, ELO, ESFR, Large Drop or other special sprinklers

TYPE			
Make			
Model			
Sin Number			
Thread Size			
EST QTY			

12 ALARM / FBA TYPE

13 THE FOLLOWING INFORMATION SHALL BE PROVIDED WITH THE SUBMISSION FOR APPROVAL OF THE DESIGN PARAMETERS

- (a) **Block Plan (A3 or A4) of protected building/s including adjacent buildings and/or boundaries. Please check and initial if included on this Block Plan.**

Scale North Point Water Supplies

AON SPRINKLER CERTIFICATION



Fire Doors	<input type="checkbox"/>	Stop Valves / Alarm Valves	<input type="checkbox"/>
Fire Walls / Parapetes	<input type="checkbox"/>	Subsidiary Stop Valves	<input type="checkbox"/>
Externals	<input type="checkbox"/>	Flow Switches	<input type="checkbox"/>
Hazard Classification	<input type="checkbox"/>	Location of gong, FSI:	<input type="checkbox"/>
Area protected by each separate valveset	<input type="checkbox"/>	Route of power supply and location of switchgear	<input type="checkbox"/>
(b) Cross sections	<input type="checkbox"/>		<input type="checkbox"/>
(c) Storage Declaration	<input type="checkbox"/>		
(d) Hydraulic graph each supply containing the following:			
i) Design flows and pressure	<input type="checkbox"/>	ii) Test flows and pressure	<input type="checkbox"/>
iii) Location of test point	<input type="checkbox"/>	iv) Date and time of test	<input type="checkbox"/>
(e) Pumpset			
i) Marked up engine power curves	<input type="checkbox"/>	ii) Marked up pump flow curves	<input type="checkbox"/>
(f) Tank Type & Capacity Suction Arrangement	<input type="checkbox"/>		
(g) Highest Heads			
Location	<input type="checkbox"/>	Height	<input type="checkbox"/>
(h) Detail and location of any strainer fitted	<input type="checkbox"/>	(k) Detail and location of any BFPU fitted	<input type="checkbox"/>
(l) Detail and number of flow switches	<input type="checkbox"/>	(l) Detail and number of subsidiary stop valves	<input type="checkbox"/>
(j) Detail and location of any tail end system	<input type="checkbox"/>	(m) HAND OPERATED FIRE FIGHTING EQUIPMENT	<input type="checkbox"/>
Preaction	<input type="checkbox"/>	NZS 4503	<input type="checkbox"/>
Antifreeze	<input type="checkbox"/>	NZBC (None)	<input type="checkbox"/>
Deluge	<input type="checkbox"/>	if NZS 4503 Hose reels	<input type="checkbox"/>
	<input type="checkbox"/>	Extinguishers	<input type="checkbox"/>

Outline any known contentious issues at this stage: _____

Approximate date: _____

State proposed initial inspection company: _____

SIGNED _____ **COMPANY CONTRACTOR** _____

Please Print Name _____ **Date** _____ **APPROVAL No.** _____

Please forward in duplicate to : Aon Sprinkler Certification
 P O Box 331240,
 Takapuna, North Shore City, 0740