

# FORM 2

# APPLICATION FOR APPROVAL OF RESIDENTIAL SPRINKLER SYSTEM TO NZS 4515

NAME OF SITE:						
NAME OF BUILDING:						
ADDRESS:						
TOWN/CITY:						
NAME OF OWNER:						
DESIGN STANDARD	2003 (	OR 2009				
NOMINATED INSPECTIO		PANY:				
<b>PRINCIPAL USE</b> : Rest ho Residence, Other (Including						
CONSTRUCTION	<b>INSTRUCTION</b> : No. of levels: Roof: Ceilings: Floors External Walls: Total Floor Area If Extension					
			<b>m<sup>2</sup></b> + conc spaces:	ealed	m²	
			spaces.			
EXPOSURE:	(a)	Are there comm 10m or single le within 3m of pro show on block p as necessary)	Yes/No			
			aled spaces in the ng?	Yes/No	Yes/No	
				Yes/No		
				Yes/No		
	(d)	Basement prese	nt?	Yes/No		
SEPARATION	(a)	Separation will I	be achieved as follows:			



#### SPRINKLERS USED:

	ential pes	Special	l/Quick	dard onse	Exte	ernal
Make						
Model						
Approx Quantity						
Sin Number						
Metric K-Factor						
Temperature Rating						
Max. dimension area per head m <sup>2</sup> used in design						
Head pressure corresponding to design dimensions						
SSP/SSU/Conventional						

## GARAGE/CAR PARK:

No. of vehicles within building

### WATER SUPPLY:

Attach Test Results

#### PUMP:

Attach pump curve & engine power curve

Attach hydraulic graph for supply with highest design flows and pressures indicated. Show valves closed for purposes of test. Attach sketch (or show on block plan\*) all valves between source and alarm valve.

#### ALARM

How will alarm be given? If Brigade connected state type of receiving equipment

## VALVESET SIZE AND TYPE APPROVAL NO.

ATTACHMENTS

These should preferably be on A4 paper. Please check and initial



Block Plan Scale	Cross Sections
North Point	Hydraulic Graph of Supply
Fire doors	Design flows and pressure
Fire walls	Details as to test point
Externals	Date and time of test
Water supplies	
Stop Valves	Others: (Specify)
Route of power supply and switchgear	
Highest head	Sprinklers:
Area protected by installation	Data sheet for Residential Head
Location of FSI & control valve	
Name	Signed
Contractor	Date
Please forward in duplicate to: Aon New Ze	ealand nz.ssc@aon.com