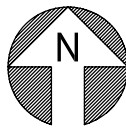


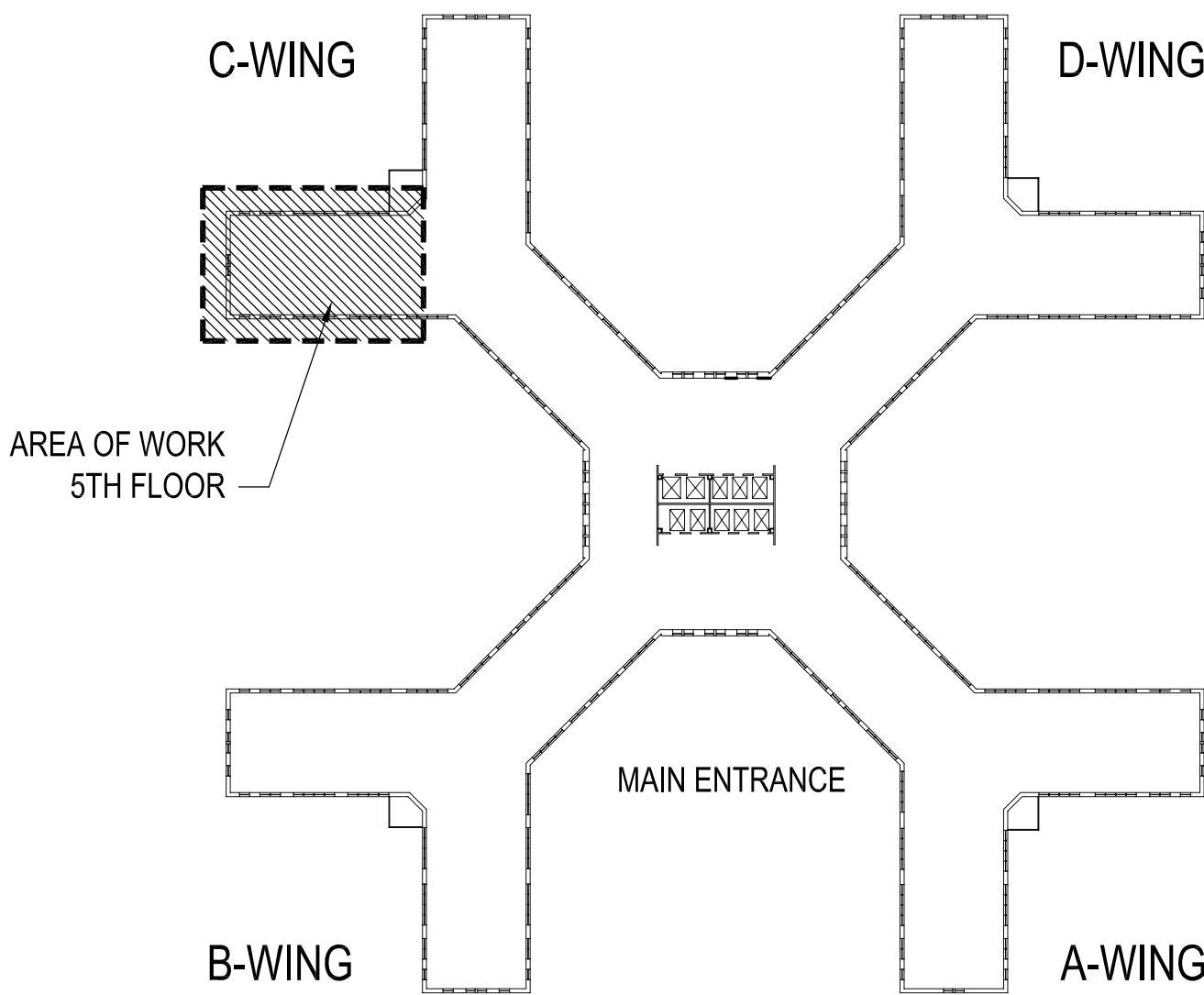
1  
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**SPRINKLER HEAD LAY-OUT PLAN**  
SCALE: 1/4" = 1'-0"



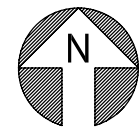
**GENERAL NOTES :**

1. ALL PIPING SHOWN IS DIAGRAMMATIC ONLY, VERIFY EXACT LOCATION IN FIELD.
2. REFER TO ARCHITECTURAL DRAWINGS FOR LATEST REFLECTED CEILING PLAN.
3. FURNISH AND INSTALL ALL NECESSARY PIPING EQUIPMENT SUPPORTS AND ANY EQUIPMENT NOT SHOWN ON DRAWING NEEDED TO PROVIDE A COMPLETE AND WORKABLE SYSTEM.
4. PROVIDE ACCESS TO ALL EQUIPMENT REQUIRING PERIODIC SERVICE AND MAINTENANCE.
5. CONTRACTOR SHALL OBTAIN AND PAY FOR ALL PERMITS, FEES AND CHARGES IN CONNECTION WITH THIS WORK.
6. ALL SPRINKLER PIPING SHALL BE IN ACCORDANCE WITH STATE AND LOCAL CODES AND NFPA-13.
7. WORK SHALL BE COORDINATED WITH THE WORK OF ALL OTHER TRADES.
8. PIPING SHALL RUN CONCEALED IN ALL AREAS WITH THE EXCEPTION OF MECHANICAL ROOMS OR WHERE NO CEILING EXISTS.
9. INSTALL DIELECTRIC COUPLINGS BETWEEN DISSIMILAR MATERIALS.
10. THIS CONTRACTOR IS RESPONSIBLE FOR ALL CUTTING AND PATCHING RELATED TO THE WORK OF THIS TRADE.
11. OFFICE AREA, PATIENT ROOMS ETC. BASED ON LIGHT HAZARD OCCUPANCY, MAXIMUM COVERAGE OF 225 SQFT PER HEAD. DENSITY SHALL BE .10 GPM OVER 1500 SQFT.
12. STORAGE AREAS BASED ON ORDINARY HAZARD GROUP 1 OCCUPANCY, MAXIMUM COVERAGE OF 130 SQFT PER HEAD. DENSITY SHALL BE .15 GPM OVER 1500 SQFT.
13. IN AREAS WITH ACOUSTIC DROP CEILING TILES, SPRINKLER HEADS TO BE CENTERED IN CENTER OF TILE IN BOTH DIRECTIONS.
14. SPRINKLERS SYSTEM MUST BE LEFT ACTIVE AND OPERATIONAL AT THE END OF EACH SHIFT. OUTAGES FOR THE RELOCATION OF SPRINKLER HEADS IS TO BE LIMITED TO A SINGLE SHIFT AND THE WORK MUST REMAIN UNDER CONSTANT SUPERVISION OF ONE OR MORE WORKERS AS A FIRE WATCH DURING SUCH OUTAGES.



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**WORK KEY PLAN**  
SCALE: N.T.S.



100% DESIGN SUBMISSION

100% SUBMISSION	05/13/11
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SEA PROJECT NO. 2217

Drawing Title

**FIRE PROTECTION PLAN**

Approved: Project Director

Project Title

**VISION CLINIC RENOVATIONS**

Location

**ALBANY, NEW YORK**

Date

MAY 13, 2011

Checked

DPL

Drawn

EJG

Project Number

**528A8-08-830**

Building Number

**1**

Drawing Number

**FP100**

**STRATTON  
VA  
MEDICAL CENTER**

