

10878

# Automatic Sprinkler System Modifications REQUEST FOR EXEMPTION

PLEASE PRINT CLEARLY OR TYPE INFORMATION

LOUISIANA DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS  
 OFFICE OF STATE FIRE MARSHAL  
 8181 INDEPENDENCE BOULEVARD  
 BATON ROUGE, LOUISIANA 70806  
 PHONE (225) 925-4920 FAX (225) 925-4414  
 WEB SITE: www.dps.state.la.us/sfm

**REVIEW FEE**  
**\$20.00**

DATE OF APPLICATION 10-27-10  
 STATE FIRE MARSHAL ARCHITECTURAL REVIEW NUMBER  
**PO 381505**

SHREVEPORT 888-634-7682

NEW ORLEANS 888-634-7689

LAFAYETTE 800-554-0006

BATON ROUGE 800-256-5452

PROJECT TITLE (Name of Business) **Slidell Mem Hospital Clean Room Renovations** PROJECT FLOOR **1**  
 NAME OF BUILDING/SHOPPING CENTER **Slidell Memorial Hospital** TOTAL NO FLOORS IN BUILDING **1**  
 PHYSICAL LOCATION OF PROJECT ADDRESS (Street/Suite) **1001 Gause Blvd.** EXEMPTION RESUBMITTAL? YES  NO   
 Inside City Limits  CITY (In or Near) **Slidell** ZIP CODE **70458** PARISH **St Tammany**  
 Outside City Limits

### PROFESSIONAL OF RECORD (P.O.R.) (If none, then MUST be Owner)

NAME **Dammon Engineering, Robert Wiltse** PHONE **(985) 649-5832**  
 MAILING ADDRESS (Street/P.O. Box) **1095 Florida Ave** FAX **(985) 641-5950**  
 CITY **Slidell** STATE **LA** ZIP CODE **70458**  
 P.O.R. LICENSE NO **2736** EMAIL ADDRESS

### SPRINKLER SYSTEM INFORMATION

OCCUPANCY CLASS (NFPA 101 Chapter) **Hospital** HAZARD CLASS (PER NFPA 13) **Light Hazard** PUMP INFORMATION PRESSURE (psi) **na** PLACARD INFORMATION GPM/SF OVER \_\_\_\_\_  
 SYSTEM TYPE  WET  DRY DESIGN TYPE  HYDRAULIC PIPE SCHEDULE MAIN REDUC. VLV. SET \_\_\_\_\_ psi PRESS REDUC. VLV. SET \_\_\_\_\_ psi FLOW (gpm) **na** 8F, WITH DEMAND OF \_\_\_\_\_  
 WATER SOURCE  MUNICIPAL  PRIVATE WATER SUPPLY DATA (psi) \_\_\_\_\_ RESIDUAL (psi) \_\_\_\_\_ FLOW (gpm) \_\_\_\_\_ TEST DATE \_\_\_\_\_ PSI AT \_\_\_\_\_  
 TOTAL NUMBER OF EXEMPTION SPRINKLERS **6** AREA COVERED BY THIS EXEMPTION (sq ft) \_\_\_\_\_ COST OF WORK TO BE DONE \$ \_\_\_\_\_ GPM AT: \_\_\_\_\_

DESCRIPTION OF WORK  
**Relocate 6 heads for tenant modifications.**

SPRINKLER MFR. **Viking** MODEL **M QR** TYPE **Pendant** TEMPERATURE: **155\*** ORIFICE SIZE: **1/2"**  
 EFFECT ON SYSTEM  
**None.**

### SPRINKLER SYSTEM CONTRACTOR / ENGINEER / DESIGNER (not the POR)

NAME **Stephanie Enclade** EMPLOYEE STATE LICENSE NO. **E 6181**  
 FIRM NAME **Jefferson Sprinkler Inc.** FIRM MAILING ADDRESS  
 CONTACT NAME **Raymond Strohmeyer, Jr.** **PO Box 129**  
**Gretna, LA 70054**  
 FIRM LICENSE NUMBER **F 760** PHONE NO **(504) 393-7699** FAX NO **(504) 367-0216**  
 EMAIL ADDRESS **raymonds@jeffersonsprinkler.com**

FOR FIRE MARSHAL USE ONLY DATE RECEIVED **10-27-10** PROJECT NUMBER **389200** REVIEW ARCHITECT **Burch**  
 Accepted Comments **accepted handg Burch 11/29/10**  
 Denied

CC:  Applicant  Sprinkler Contractor  SFM District  Fire Prevention Bureau  SFM Health Care  High Rise File  Reading File

sprkfmets.cdr - 4/11/2003

CONTACT THE INDICATED DISTRICT OFFICE FOR FINAL INSPECTION: