

10878

Automatic Sprinkler System Modifications REQUEST FOR EXEMPTION

PLEASE PRINT CLEARLY OR TYPE INFORMATION

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

LOUISIANA DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS
 OFFICE OF STATE FIRE MARSHAL
 8101 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

SHREVEPORT 888-634-7682
 NEW ORLEANS 888-534-7689
 LAFAYETTE 800-554-0006
 BATON ROUGE 900-256-5452
 HEALTH CARE
 CONTACT THE INDICATED DISTRICT OFFICE FOR FINAL INSPECTION:

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)	EXEMPTION RESIDENTIAL?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Inside City Limits <input type="checkbox"/> Outside City Limits	1001 Gause Blvd.	PREVIOUS REVIEW NUMBER:	
	CITY (In or Near)	ZIP CODE	PARISH
	Slidell	70458	St Tammany

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	PLACARD INFORMATION
SYSTEM TYPE	DESIGN TYPE	HYDRAULIC	MAIN REQ'D. W.V. SET	PRESSURE (psi)	GPM/DF OVER
<input checked="" type="checkbox"/> WET <input type="checkbox"/> DRY	<input checked="" type="checkbox"/> HYDRAULIC <input type="checkbox"/> PIPE SCHEDULE	<input type="checkbox"/> MAIN REQ'D. W.V. SET <input type="checkbox"/> PRESS REQ'D. W.V. SET			<input type="checkbox"/> OF, WITH DEMAND OF <input type="checkbox"/> PRI AT <input type="checkbox"/> GPM AT
WATER SOURCE	MUNICIPAL	WATER SUPPLY DATA (psi)	STATIC	RESIDUAL	FLOW (gpm)
					TEST DATE
TOTAL NUMBER OF EXISTING SPRINKLER HEADS	6	AREA COVERED BY THIS EXEMPTION (sq ft)		COST OF WORK TO BE DONE	\$

DESCRIPTION OF WORK

Relocate 6 heads for tenant modifications.

SPRINKLER MFG	Viking	MODEL MQR	TYPE	Pendant	TEMPERATURE	155°	ORANGE GEL	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	PO Box 129 Gretna, LA 70054
CONTACT NAME	Raymond Strommeyer, Jr.		
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	PROJECT NUMBER	REVIEW ARCHITECT
<input checked="" type="checkbox"/> Accepted <input type="checkbox"/> Denied	10-27-10	389200	Busch
Comments	accepted heads Busch 11/29/10		

Applicant
 Sprinkler Contractor
 SPM District
 Fire Prevention Bureau
 SPM Health Care
 High Rise Plan
 Roofing Plan