

STATE OF LOUISIANA
 DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS
 OFFICE OF STATE FIRE MARSHAL CODE ENFORCEMENT AND BUILDING SAFETY
 8181 INDEPENDENCE BLVD., BATON ROUGE, LA 70806
 800-256-5452 225-925-4920 FAX: 225-925-4414
 www.lasfm.org

DATE OF APPLICATION: 7/14/2014
SFM ARCHITECTURAL REVIEW NUMBER PO 440300

FIRE ALARM OR FIRE SUPPRESSION SYSTEM MODIFICATION REQUEST FOR EXEMPTION

REVIEW FEE \$20.00

PROJECT INFORMATION:

PROJECT TITLE FROM APPLICATION (Name of Business) DR. SOILEAU DENTAL		PROJECT FLOOR 1-2
NAME OF BUILDING/SHOPPING CENTER		TOTAL NO OF FLOORS IN BUILDING 2
PHYSICAL LOCATION OF PROJECT <input checked="" type="checkbox"/> INSIDE CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	ADDRESS (Street/Suite) 3634 COLISEUM DRIVE	EXEMPTION RESUBMITTAL? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO PREVIOUS REVIEW NUMBER: _____
CITY NEW ORLEANS	PARISH ORLEANS	STATE LA ZIP CODE 70115

OWNER INFORMATION (or Professional of Record if applicable):

NAME KEVIN KINCHEN	SIGNATURE <i>[Signature]</i>	LIC. NUMBER 5590	PHONE (985) 649-5832
MAILING ADDRESS 554 OLD SPANISH TRAIL		FAX (985) 641-5059	
CITY SLIDELL	STATE LA	ZIP CODE 70458	
EMAIL ADDRESS Kevin@dammarengineering.com			

FIRE PROTECTION SYSTEM INFORMATION CHECK ONE FIRE ALARM HOOD AND DUCT SYSTEM

OCCUPANCY CLASS (NFPA 101 Chapter) BUSINESS	HAZARD CLASS (Per NFPA 13)	EQUIPMENT TO BE PROTECTED	TYPE OF AGENT IN SYSTEM
TYPE OF ALARM SYSTEM OR SERVICE <input type="checkbox"/> LOCAL <input checked="" type="checkbox"/> REMOTE STATION <input type="checkbox"/> AUXILIARY <input type="checkbox"/> PROPRIETARY <input type="checkbox"/> CENTRAL STATION <input type="checkbox"/> EMERGENCY VOICE/ALARM SERVICE	SIZE OF EQUIPMENT	NFPA STANDARD USED 101/72	
IS ADDITIONAL POWER SUPPLY REQUIRED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DEVICES	QUANTITY 4 DEVICE SMOKE DETECTORS	<input checked="" type="checkbox"/> ADDED <input type="checkbox"/> RELOCATED <input type="checkbox"/> REMOVED <input type="checkbox"/> REPLACED
WILL ADDED DEVICES DECREASE STANDBY TIME BELOW REQUIRED LIMIT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DEVICES	QUANTITY 2 DEVICE HEAT DETECTORS	<input checked="" type="checkbox"/> ADDED <input type="checkbox"/> RELOCATED <input type="checkbox"/> REMOVED <input type="checkbox"/> REPLACED

DESCRIPTION OF WORK
 CONNECT FIRE ALARM SYSTEM TO ELEVATOR ADDED DURING CONSTRUCTION. PROVIDE PRIMARY AND ALTERNATE RECALL, SHUNT TRIP AND FIREMAN'S HELMET LAMP ILLUMINATION IF EQUIPPED. ALSO UPGRADE FROM 5 TO 10 ZONE PANEL TO ACCOMODATE ADDITIONAL RELAY OUTPUT REQUIREMENTS. THIS PROJECT IS STILL UNDER CONSTRUCTION AND THE FIRE SYSTEM SUBMITTAL WAS RECENTLY APPROVED UNDER PO450880.

SYSTEM CONTRACTOR/ ENGINEER/ DESIGNER (not the POR)

NAME STEVEN P. THORNTON	EMPLOYEE STATE LIC. NUMBER E143	PHONE (504) 455-5277
SIGNATURE <i>[Signature]</i>		FAX (504) 454-5079
FIRM NAME ALARM PROTECTION SERVICES		
FIRM ADDRESS 4440 TRENTON STREET METAIRIE, LA 70006	FIRM LICENSE NUMBER F20	
CONTACT PERSON S. THORNTON	EMAIL ADDRESS steve@securitybyaps.com	

REPLY

PROJECT NO.
REVIEWER
DATE RECEIVED

FOR FIRE MARSHAL USE ONLY

- DENIED - RESUBMIT
 ACCEPTED

CONTACT THE INDICATED DISTRICT OFFICE FOR FINAL INSPECTION

- HEALTH CARE DIVISION
 BATON ROUGE 800-256-5452
 LAFAYETTE 800-554-0006
 NEW ORLEANS 888-634-7689
 SHREVEPORT 888-634-7682

THIS EXEMPTION REQUEST IS VALID FOR 30 DAYS FROM DATE OF RESPONSE. INSTALLATION MUST COMMENCE WITHIN THIS TIME PERIOD.

UPDATED 12/13/2010