

PROPOSED EQUIVALENCY to CODE – REQUEST for APPEAL

1. PRIOR TO PLAN REVIEW SUBMITTAL AFTER PLAN REVIEW

ASSOCIATED EXISTING PROJECT: P0 460876

EXISTING PROJECT NAME: FSA Network

2. REVIEW TYPE:



PROPOSED EQUIVALENCY to CODE – REQUEST for APPEAL

3. Project Name: FSA Network

Street Address: 646 Carnation St

Suite or Space No: _____

City: Slidell Within city limits? Yes No

State: LA Zip: 70458 - _____ Parish: St Tammany Parish

- Complete the following --- if the Building has more than one story?

Number of Stories: 1 Project is on which floor(s)? 1

Is this a high-rise building? Yes No

A high rise is defined as a building with 7 stories or more or 75 ft high or taller.

Estimated Cost of Project: \$ _____

Project Description: FSA is a tenant. They are not open to the public. FSA receives and delivers heavy appliances, they also move used appliances and recycled cardboard onto trucks. There is only one manager there and is required to lift heavy items.

4. Select Appeal Type/Deficiency Type/Sub-Type:

A) Life Safety Fire Protection

Means of Egress

- Separation and Protection
- Egress Capacity
- Number of Means of Egress
- Arrangement
- Travel Discharge
- Exit Discharge

Area of Refuge

Fire Protection Construction/Compartmentation

- Fire Barrier Requirements
- Smoke Partitions/Barriers
- Vertical Opening Protection
- Special Hazard Protection
- Travel Discharge
- Exit Discharge

Heating Ventilation and Air Conditioning

Fire Alarm Requirements

Automatic Sprinkler System Requirements

- General
- Technical

Suppression System Requirements

Interior Finish

Other

4. Select Appeal Type/Deficiency Type/Sub-Type: (cont.)

B) Accessibility

- General Accessibility
- Accessible Routes
- Parking
- Toilet Rooms
- Bathing Rooms
- Reach Range
- Clear Floor Space
- Changes in Level
- Doors
- Ramps
- Stairs
- Handrails
- Other

C) Subsequent Appeal

D) Product Evaluation

E) Building Code Equivalencies for Industrialized Buildings

F) Smoke Generation and/or Timed Egress Flow Analysis

5. Description of Deficiency: _____

The original review was submitted as a Business Occupancy and should have been submitted as a Warehouse Occupancy. This site has always been a warehouse type of occupancy since it was built.

6. Proposed Equivalency: In the event that this site becomes a public facility for office warehouse type of business then it will be brought up to ADA standards.

7. Select your Architectural Review Type:

- New Construction
 - Complete Build-out
 - Partial Build-out
 - Foundation Only
 - Shell
- Renovation or Addition to an Existing Building
 - Alteration Level 1 (Minor alterations or repairs)
 - Alteration Level 2 (<50% of the square foot age of the building)
 - Alteration Level 3 (50% or more of the square foot age of the building)
 - Addition(s)
 - Change in use of the building
 - Kitchen Exhaust Hood Construction
 - Paint Booth Construction
 - Generator Installation Level I/Level II
 - Level I
 - Level II
 - Clean Agent Room Construction
- Temporary Construction Building Installation or Tents
 - Number of Temporary Buildings or Tents: _____
 - Number of Months Building or Tent will be Utilized: _____

- Are you pursuing a DHH License for a Healthcare facility? Yes No

8. ENERGY CODE COMPLIANCE

- COMcheck complies YES NO EXEMPT
- REScheck complies YES NO EXEMPT
- Not Applicable / REASON FOR EXCEPTION _____

9. LOUISIANA STATE UNIFORM CONSTRUCTION CODE

- Office of State Fire Marshal (*ELIGIBLE JURISDICTIONS ONLY*)
- Parish or Municipal Permitting Office
- Registered Third Party Provider
- Third Party Provider's LSUCCC Registration Number: _____

10. OCCUPANCY CLASSIFICATION(s)

- ASSEMBLY _____ square feet
 - 50 TO 299 OCCUPANTS 300 TO 499 OCCUPANTS
 - 500 TO 999 OCCUPANTS 1,000 OCCUPANTS OR MORE
 - Group A-1 Group A-2 Group A-3 Group A-4 Group A-5
- INSTITUTIONAL _____ square feet
 - Group I-1 (Group Care)
 - Group I-2 (Health Care)
 - HOSPITAL LIMITED CARE FACILITY NURSING HOME
 - Group I-3 (Detention/Correction)
 - CONDITION 1 CONDITION 2 CONDITION 3 CONDITION 4
 - Group I-4 (Day-Care)
 - Number of Children over 2-1/2 years of age: _____
 - Number of Children 2-1/2 years of age or less: _____
 - Number of Adults (if Adult Day Care): _____

- BUSINESS _____ square feet
- MERCANTILE _____ square feet
 - Class A (>30,000 sq. ft.)
 - Class B (Between 3,000 and 30,000 sq. ft.)
 - Class C (<3,000 sq. ft.)
- EDUCATIONAL OR DAY-CARE _____ square feet
 - School/Classroom
 - Day Care
 - Number of Children over 2-1/2 years of age: _____
 - Number of Children 2-1/2 years of age or less: _____
 - Number of Adults (if Adult Day Care): _____
- RESIDENTIAL _____ square feet
 - Group R-1 (Hotel/Motel - Primarily Transient)
 - Group R-2 (Apartments- Primarily Permanent)
 - Group R-3 (Small Miscellaneous)
 - Group R-4 (Small Residential Care for <16 Occupants)
 - Number of Occupants: _____
- FACTORY / INDUSTRIAL _____ square feet
 - Group F-1 (Moderate Hazard)
 - Group F-2 (Low Hazard)
 - High Hazard
 - GROUP H-1 DETONATION HAZARD
 - GROUP H-2 DEFLAGRATION HAZARD
 - GROUP H-3 COMBUSTIBLE HAZARD
 - GROUP H-4 HEALTH HAZARD
 - GROUP H-5 HAZARDOUS PRODUCTION MATERIALS
- STORAGE _____ square feet
 - GROUP S-1 (Moderate Hazard) → Identify the materials to be stored: _____
 - GROUP S-2 (Low Hazard) → _____
 - _____
 - _____
 - _____
 - _____
 - _____
- HIGH HAZARD **STORAGE**
 - GROUP H-1 DETONATION HAZARD
 - GROUP H-2 DEFLAGRATION HAZARD
 - GROUP H-3 COMBUSTIBLE HAZARD
 - GROUP H-4 HEALTH HAZARD
 - GROUP H-5 HAZARDOUS PRODUCTION MATERIALS
- UTILITY / MISCELLANEOUS _____ square feet
 - Provide a Description of Use: _____
 - _____
 - _____



TOTAL SQUARE FEET OF THE AREA UNDER REVIEW: _____ SQ FT

9. ADDITIONAL FEATURES

(Select ALL applicable fire protection or occupancy features that are associated with this project)

- Sprinkler System – 13
- Sprinkler System – 13 D
- Sprinkler System – 13 R
- Kitchen Hood Fire Suppression System
- Boiler(s)
- Clean Agent
- Covered Mall Building
- Underground Building
- Stage or Platform
- Aircraft Related
- Owned and Operated By a Religious Entity
- Fire Alarm System
- Special Locking System(s)
- Paint Booth
- Casino/Gaming Area
- Atrium
- Motor-Vehicle Related
- Special Amusement
- Hazardous Materials
- University / College
- Emergency Shelter
- Generator (Required)
- Generator (Non-Required)
- Ambulatory Health Care

10. CONSTRUCTION TYPE

- V-B / V(000)
(NON-RATED WOOD)
- V-A / V(111)
(FIRE-RATED WOOD)
- IV-HT / IV(2HH)
(HEAVY TIMBER)
- III-B / III(200)
(COMBINATION WOOD/STEEL/CONC)
- III-A / III(211)
(COMBINATION WOOD/STEEL/CONC)
- II-B / II(000)
(NON-RATED STEEL/CONC)
- II-A / II(111)
(1 HOUR RATED STEEL/CONC)
- I-B / II(222)
(2 HOUR RATED STEEL/CONC)
- I-A / I(332)
(3 HOUR RATED STEEL/CONC)
- I-A / I(442)
(4 HOUR RATED STEEL/CONC)
- Not Provided / Unknown

11. APPLICANT(S) (P.O.R. / OWNER / TENANT / CONTRACTOR / ADDITIONAL CONTACT)

PROFESSIONAL OF RECORD

P.O.R is a Louisiana Licensed Engineer Louisiana License Number: _____
 Architect Louisiana License Number: _____

 LAST NAME FIRST NAME MIDDLE NAME SUFFIX

 NAME OF FIRM PHONE FAX EMAIL

 STREET ADDRESS

 ZIP Code PARISH/COUNTY CITY STATE

OWNER

Holmes **Marykay**
 LAST NAME FIRST NAME MIDDLE NAME SUFFIX

Carnation Properties **mkholmes77@gmail.com**
 NAME OF FIRM PHONE FAX EMAIL

 STREET ADDRESS

 ZIP Code PARISH/COUNTY CITY STATE

TENANT

 LAST NAME FIRST NAME MIDDLE NAME SUFFIX

 NAME OF FIRM PHONE FAX EMAIL

 STREET ADDRESS

 ZIP Code PARISH/COUNTY CITY STATE

CONTRACTOR

LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
NAME OF FIRM	PHONE	FAX	EMAIL
STREET ADDRESS			
ZIP Code	PARISH/COUNTY	CITY	STATE

ADDITIONAL CONTACT

LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
NAME OF FIRM	PHONE	FAX	EMAIL
STREET ADDRESS			
ZIP Code	PARISH/COUNTY	CITY	STATE

11. DOCUMENTS PROVIDED FOR REVIEW

- Correspondence Plans Shop Drawings Specifications Photographs

12. REVIEW FEE & PAYMENT

- Money orders, cashier's checks, certified checks, and company checks are accepted. Personal checks accepted – must include LA driver's license number on check.
- Appeal Requests

Note: Charge is per each issue.

Handicapped Accessibility	\$ 25
Life Safety / Fire Code Appeals	\$ 100
Smoke Control Reviews (\$50 for resubmission)	\$ 100
Timed Egress (\$50 for resubmission)	\$ 100
Other Appeals (\$50 for resubmission)	\$ 100