

RECEIVED

DEC 17 2006

ARCHITECTURAL SECTION

PLAN REVIEW APPLICATION

FIRE MARSHAL USE ONLY: DATE RECEIVED
 REVIEWER / BADGE: P0

PROVIDE INFORMATION ON
 THE NAME OF THIS
 SPECIFIC PROJECT,
 TENANT, LEASE SPACE,
 SCOPE OF WORK, ETC.

1. Project Information

PART 1. REQUIRED FOR ALL SUBMITTALS ATTACH APPLICABLE CHECKLIST & FEE SCHEDULE PLEASE PRINT (BLACK OR BLUE INK ONLY)

320387 = 320387 =

Project Name: Quizzos 11446
 Street Address: 20377 Old Scenic Hwy Ste 100
 Suite or Space No: 100
 City: Zachary State: LA Zip: 70791
 Parish: East Baton Rouge Within city limits? Yes No

PROVIDE INFORMATION ON
 THE OVERALL STRUCTURE
 OR BUILDING THAT THIS
 PROJECT IS WITHIN, IF
 DIFFERENT THAN ABOVE.

2. Structure Information (Overall Building)

Building Name: Same
 Street Address: _____
 City: _____ State: LA Zip: _____
 Parish: _____

3. Purpose of Application

PART 3. REQUIRED FOR ALL SUBMITTALS

System Type: ARCHITECTURAL REVIEW ARCHITECTURAL LIFE SAFETY ADA-AG ACCESSIBILITY ENERGY CONSERVATION
 CHECK ONLY ONE: FIRE ALARM SYSTEM REVIEW KITCHEN EXHAUST HOOD CONSTRUCTION BUILDING ELECTRICAL SYSTEM SMOKE CONTROL
 CHECK ONLY ONE FIRE ALARM SYSTEM TYPE:
 Local Auxiliary *Central Station Proprietary Station Remote Station
 *IF SYSTEM TYPE IS CENTRAL STATION, YOU MUST ATTACH COPY OF CENTRAL STATION UL LISTING TO THIS APPLICATION
 KITCHEN HOOD WET CHEMICAL SUPPRESSION SYSTEM REVIEW
 FIRE SUPPRESSION SYSTEM REVIEW SPRINKLER DRY CHEMICAL CLEAN AGENT HALON
 PAINT SPRAY BOOTH HOOD WATER SUPPRESSION FOAM WATER
 STORAGE TANK FOR FLAMMABLE OR COMBUSTIBLE LIQUIDS: NUMBER OF TANKS ABOVE GROUND _____ BELOW GR _____
 Review Type: INITIAL CHECK HERE ONLY IF YOUR PROJECT DOES NOT MATCH ONE OF THE REVIEW TYPES, BELOW. P0:
 CHECK ONLY ONE: IF PROJECT IS A SYSTEM REVIEW, THEN PROVIDE PREVIOUS ARCHITECTURAL REVIEW NUMBER
 PRELIMINARY
 RE-SUBMITTAL PROVIDE PREVIOUS PROJECT REVIEW NUMBER OR PRELIMINARY REVIEW NUMBER P0:
 RENOVATION/ADDITION IF CHANGE OF OCCUPANCY, THEN CHECK NEXT LINE. P0:
 PREVIOUS ARCHITECTURAL REVIEW NUMBER, IF APPLICABLE
 CHANGE OF OCCUPANCY WITH OR WITHOUT RENOVATIONS, CHECK HERE. PROVIDE P0:
 PREVIOUS ARCHITECTURAL REVIEW NUMBER, IF APPLICABLE
 FOUNDATION ONLY
 SHELL ONLY
 MOBILE/MODULAR

PROVIDE COST AND
 SQUARE FOOTAGE AREAS
 OF THIS PROJECT OR
 SYSTEM - FOR SYSTEMS,
 ENTER ONLY SYSTEM COST

4. Project Details

PART 4. REQUIRED FOR ALL SUBMITTALS

New Sq Ft: _____ Estimated Cost of this Project: \$ _____
 Existing Sq Ft: _____ Calculated Fee Attached: \$ _____
 Renovated Sq Ft: _____ MONEY ORDERS, CASHIER'S CHECKS, CERTIFIED CHECKS, AND COMPANY CHECKS
 ACCEPTED (NO PERSONAL CHECKS ACCEPTED. EFFECTIVE 9-1-00). ATTACH CHECKLIST
 FOLLOWING OCCUPANCIES REFER TO OVERALL STRUCTURE OR BUILDING:
 Main Occupancy: _____ Sq Ft _____
 Secondary: _____ Sq Ft _____
 Thirdly: _____ Sq Ft _____

SELECT ONE OR MORE OF THE FOLLOWING OCCUPANCIES AND PRINT BELOW:
 ASSEMBLY EDUCATIONAL DAY CARE HEALTH CARE DETENTION HOTEL DORMITORY APARTMENT LODGING / ROOMING
 BOARD AND CARE MERCANTILE BUSINESS INDUSTRIAL STORAGE UNUSUAL

PROVIDE INFORMATION ON THE OWNER FOR THE OVERALL STRUCTURE OR BUILDING FOR THIS PROJECT.

5. Owner Information

PART 5. REQUIRED FOR ALL SUBMITTALS

	LAST NAME	FIRST NAME	INITIAL
Owner:	Borskey	Thomas	
Name of Firm:			
Mailing Address:	12317 Haven Ave		
City:	Baton Rouge	State: LA	Zip: 70818 -
email:			
Telephone No:	225-261-5916	Fax No:	

PROVIDE INFORMATION ON THE TENANT FOR THIS SPECIFIC PROJECT, IF DIFFERENT THAN OWNER.

6. Tenant Information

	LAST NAME	FIRST NAME	INITIAL
Tenant:	Same		
Name of Firm:			
Mailing Address:			
City:		State:	Zip: -
email:			
Telephone No:		Fax No:	

PROVIDE INFORMATION ON THE PREPARER OF THE FIRE ALARM, SPRINKLER, OR FIRE SUPPRESSION SHOP DRAWINGS.

7. Preparer of Shop Drawings Information

- Sub-Contractor
- Engineer

	LAST NAME	FIRST NAME	INITIAL
Preparer:			
License No:		Nicet Level: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	
Name of Firm:			
Firm License No:			
Mailing Address:			
City:		State:	Zip: -
email:			
Telephone No:		Fax No:	

PROVIDE INFORMATION ON THE PROFESSIONAL OF RECORD FOR THIS PROJECT.

8. Professional of Record Information

- Architect
- Civil Engineer
- EE / ME Engineer

	LAST NAME	FIRST NAME	INITIAL
Professional:	Gremillon	Edward	C
LA License No:	4030	ONLY PROVIDE CHANGES BELOW, THAT DIFFER FROM INFORMATION AT STATE BOARD WEBSITE	
Name of Firm:	Damon Engineering		
Address:	1093 Florida Ave		
City:	Slidell	State: LA	Zip: 70458 -
email:			
Telephone No:	985-649-5832	Fax No:	985-641-5950

CHECK ONLY ONE: IS THIS PROJECT STATE OWNED, MUNICIPAL (FEDERAL, PARISH, CITY OWNED), OR OTHER (PRIVATE OWNED)?

9. Government and Municipal Projects

- State Owned Project
- Municipal Project
- Other

PART 9. REQUIRED FOR ALL SUBMITTALS

IF A REVIEW FOR THE NATIONAL ENERGY CODE IS PART OF THIS PROJECT, THEN CHECK APPLICABLE BOX AT RIGHT:

10. Energy Code Review

- YES, ENERGY CODE PACKAGE ATTACHED
- NO ENERGY CODE PACKAGE ATTACHED

CHECK ALL ITEMS THAT APPLY TO THIS PROJECT OR EXISTING BUILDING:	<input checked="" type="checkbox"/> New Construction	<input type="checkbox"/> Special Locking	<input type="checkbox"/> High Rise Building	NUMBER OF FLOORS IN BLDG _____
	<input type="checkbox"/> Voice Evacuation	<input type="checkbox"/> Tenant Buildout	<input type="checkbox"/> High Rise Tenant Buildout	PROJECT ON WHICH FLOOR(S) _____
	<input type="checkbox"/> Fire Alarm System	<input type="checkbox"/> Sprinkler System	<input type="checkbox"/> Kitchen Hood	
IF BOARD AND CARE USE, THEN CHECK ONE:	<input type="checkbox"/> PROMPT EVACUATION CAPABILITY	<input type="checkbox"/> SLOW EVACUATION CAPABILITY	<input type="checkbox"/> IMPRACTICAL EVACUATION CAPABILITY	NUMBER OF RESIDENTS _____
	<input type="checkbox"/> IF DAY CARE USE, THEN CHECK ONE:	<input type="checkbox"/> 3 TO 12 CLIENTS	<input type="checkbox"/> 13 OR MORE CLIENTS	
IF HOTEL, DORM, LODGING OR ROOMING, THEN CHECK ONE:	<input type="checkbox"/> ACCOMMODATIONS FOR MORE THAN 16 PEOPLE	<input type="checkbox"/> ACCOMMODATIONS FOR 16 OR LESS PEOPLE		