

# PLAN REVIEW APPLICATION

CHECK HERE IF STATE UNIFORM CONSTRUCTION CODE REVIEW IS REQUIRED BY THIS OFFICE

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)

Project Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 Suite/Space No: \_\_\_\_\_  
 City: \_\_\_\_\_ State: LA Zip: \_\_\_\_\_ -  
 Parish: \_\_\_\_\_ 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: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: LA Zip: \_\_\_\_\_ -  
 Parish: \_\_\_\_\_ Number of building floors: \_\_\_\_\_ Project on which floor(s): \_\_\_\_\_

## 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  
 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  
 CHECK SYSTEM TYPE:  PAINT SPRAY BOOTH  FOAM WATER  
 STORAGE TANK FOR FLAMMABLE OR COMBUSTIBLE LIQUIDS: NUMBER OF TANKS ABOVE GROUND \_\_\_\_\_ BELOW GROUND \_\_\_\_\_  
 Review Type:  NEW CONSTRUCTION IF PROJECT IS A SYSTEM REVIEW, THEN PROVIDE PREVIOUS ARCHITECTURAL REVIEW NUMBER P0  
 CHECK ONLY ONE:  RENOVATION OR ADDITION IF CHANGE OF OCCUPANCY, THEN CHECK NEXT LINE. PREVIOUS ARCHITECTURAL REVIEW NUMBER, IF APPLICABLE P0  
 CHANGE OF OCCUPANCY WITH OR WITHOUT RENOVATIONS, CHECK HERE. PROVIDE REVIOUS ARCHITECTURAL REVIEW NUMBER, IF APPLICABLE P0  
 BUILDING FOUNDATION ONLY  
 BUILDING SHELL ONLY PROVIDE PREVIOUS BUILDING FOUNDATION REVIEW NUMBER P0  
 RE-SUBMITTAL PROVIDE PREVIOUS PROJECT REVIEW NUMBER P0  
 PRELIMINARY RESERVED FOR LARGE PROJECTS. MUST HAVE STATE FIRE MARSHAL PRE-APPROVAL TO SUBMIT AS PRELIMINARY

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, COMPANY CHECKS, PERSONAL CHECKS ACCEPTED (NO TEMPORARY CHECKS).  
 FOLLOWING OCCUPANCIES REFER TO OVERALL STRUCTURE OR BUILDING: 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  
 Main Occupancy: \_\_\_\_\_ Sq Ft \_\_\_\_\_, \_\_\_\_\_  
 Secondary: \_\_\_\_\_ Sq Ft \_\_\_\_\_, \_\_\_\_\_  
 Thirdly: \_\_\_\_\_ Sq Ft \_\_\_\_\_, \_\_\_\_\_

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:	_____		
Name of Firm:	_____		
Mailing Address:	_____		
City:	State:	Zip:	-
Contact Person:	E-mail: _____		
Telephone No:	Cell No.	Fax No.	

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

### 6. Tenant Information

	LAST NAME	FIRST NAME	INITIAL
Tenant:	_____		
Name of Firm:	_____		
Mailing Address:	_____		
City:	State:	Zip:	-
Contact Person:	E-mail: _____		
Telephone No:	Cell No.	Fax No.	

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

### 7. Preparer of Shop Drawings Information

- SFM Licensed Contractor
- State Licensed Engineer

	LAST NAME	FIRST NAME	INITIAL
Qualifier:	_____		
Qualifier Lic. No:	_____		
Name of Firm:	_____		
Firm License No:	_____		
Mailing Address:	_____		
City:	State:	Zip:	-
Contact Person:	E-mail: _____		
Telephone No:	Cell No.	Fax No.	

PROVIDE INFORMATION ON THE PROFESSIONAL OF RECORD FOR THIS PROJECT.

### 8. Professional of Record Information

- Architect
- Civil Engineer
- EE / ME / FP Engineer

	LAST NAME	FIRST NAME	INITIAL
Professional:	_____		
LA License No:	_____		
Name of Firm:	_____		
Address:	_____		
City:	State:	Zip:	-
Contact Person:	E-mail: _____		
Telephone No:	Cell No.	Fax No.	

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 (Private Owned)

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