

PROPOSED EQUIVALENCY to CODE – REQUEST for APPEAL

1. PRIOR TO PLAN REVIEW SUBMITTAL AFTER PLAN REVIEW

ASSOCIATED EXISTING PROJECT: P0 AR-24-014366

EXISTING PROJECT NAME: 1st Impressions ICDC

2. REVIEW TYPE:



PROPOSED EQUIVALENCY to CODE – REQUEST for APPEAL

3. Project Name: 1st Impressions ICDC

Street Address: 3127 Pontchartrain Drive

Suite or Space No: _____

City: Slidell Within city limits? Yes No

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

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

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

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: \$ 35,000.00

Project Description: THIS IS AN EXISTING 24,121 SQ. FT. BUILDING THAT IS FULLY SPRINKLED AND FIRE ALARM. THE LAST TENANT WAS A CHURCH. THE NEW OCCUPANT WILL BE A DAY CARE AND OCCUPY 12,720 SQ. FT. ALL WALLS, LIGHTS AND AIR CONDITIONING WILL REMAIN THE SAME.

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: _____

2021 IBC Chapter 308.6.1, The code requires an exit directly to the outside for day care ages two and a half and under.

2021 IBC Figure 903.2 Fire Protection Systems threshold - Fire area > 12,000 sq. ft. or below level of exit discharge or classroom has exterior door at grade. This occupancy has 12,720 sq.ft. and all exists are at grade.

6. Proposed Equivalency: _____

This building has an existing fully functional sprinkler system and fire alarm that will remain in place this entire building is considered an area of refuge.

This layout provides for the infants classroom in the front of the building to have a exit of discharge directly outside at grade.

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. 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: _____

9. 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 ~~C~~)
 - 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 12,750 square feet
 - School/Classroom
 - Day Care
 - Number of Children over 2-1/2 years of age: 20
 - Number of Children 2-1/2 years of age or less: 10
 - 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: 12,720 SQ FT

10. 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

11. 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

12. 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: 7731

Simoneaux LAST NAME Jared FIRST NAME _____ MIDDLE NAME _____ SUFFIX

NAME OF FIRM PHONE FAX EMAIL info@dammonengineering.com

STREET ADDRESS _____

ZIP Code PARISH/COUNTY CITY STATE

OWNER

LAST NAME FIRST NAME MIDDLE NAME SUFFIX

NAME OF FIRM PHONE FAX EMAIL

STREET ADDRESS _____

ZIP Code PARISH/COUNTY CITY STATE

TENANT

Perkins LAST NAME Ariel FIRST NAME _____ MIDDLE NAME _____ SUFFIX

1st Impressions NAME OF FIRM PHONE FAX EMAIL aperkins9959@gmail.com

3127 Pontchartrain Drive STREET ADDRESS _____

70458 ZIP Code St. Tammany PARISH/COUNTY Slidell CITY La 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

Dammon	Chuck		
LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
Dammon Engineering	985-649-5832	chuck@dammonengineering.com	
NAME OF FIRM	PHONE	FAX	EMAIL
554 Old Spanish Trail			
STREET ADDRESS			
70458	St Tammany	Slidell	La
ZIP Code	PARISH/COUNTY	CITY	STATE

13. DOCUMENTS PROVIDED FOR REVIEW

- Correspondence Plans Shop Drawings Specifications Photographs

This section allows the applicant (any owner, professional of record, contractor, developer, or manufacturer) to clearly identify all records containing proprietary or trade secret information submitted to the Office of State Fire Marshal, as documents that contain confidential, proprietary, or trade secret information, in accordance with the Public Records Law, specifically R.S. 44:3.2(D). Any record disclosures will be made in accordance with the Public Records Law.

- DOCUMENT CONTAINS CONFIDENTIAL PROPRIETARY OR TRADE SECRET INFORMATION
- DOCUMENT DOES NOT CONTAIN CONFIDENTIAL PROPRIETARY OR TRADE SECRET INFORMATION

14. REVIEW FEE & PAYMENT

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