



STATE OF LOUISIANA
DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS
OFFICE OF STATE FIRE MARSHAL



CERTIFICATE OF COMPLETION

DATE: 10-08-19

SFM PROJECT PO SP-16-019105 SYSTEM TYPE Sprinkler System CONTRACTOR SIGNATURE [Signature]
 SFM PROJECT PO _____ SYSTEM TYPE _____ CONTRACTOR SIGNATURE _____
 SFM PROJECT PO _____ SYSTEM TYPE _____ CONTRACTOR SIGNATURE _____
 SFM PROJECT PO _____ SYSTEM TYPE _____ CONTRACTOR SIGNATURE _____

Please list all projects pertaining to the currently scheduled reviews of the building. System type refers to Architectural, Fire Alarm, Kitchen Hood/Wet Chemical Suppression, Fire Suppression, or Storage Tank.

To arrange for inspection of the project, please contact the district office two (2) to three (3) weeks in advance. To verify inspection district and phone number please refer to the "cc" list on the last page of the State Fire Marshal review letter. The plans stamped reviewed by this office must be available on job site at time of inspection. This Certificate Of Completion must be provided to the inspecting deputy at final inspection.

This is to certify the below project

| | | |
|--|------------------------|-----------------------|
| PROJECT TITLE FROM APPLICATION <u>Town Place Lafayette</u> | | |
| PROJECT ADDRESS <u>119 Lake Farm Rd.</u> | | |
| CITY <u>Lafayette</u> | STATE <u>Louisiana</u> | ZIP CODE <u>70508</u> |

was periodically observed by me, by my consultants, and/or by others in my employ during construction and, to the best of my knowledge, information and belief, has been completed in accordance with the safety provisions which were shown in the plans and specifications previously reviewed by the Fire Marshal.

UNDER PENALTY OF LAW FOR FALSE STATEMENTS, I (NAME OF ARCHITECT/ENGINEER IF REQUIRED, OTHERWISE OWNER)

PRINT NAME BRIAN MISTICH SIGNATURE [Signature]
 ARCHITECT/ CIVIL ENGINEER LICENSE NUMBER # 30187

CERTIFY ALL STATEMENTS CONTAINED HEREIN ARE, TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF, TRUE AND CORRECT.

LAC 55:V:307 OBSERVATION OF CONSTRUCTION

A. For a structure which by law may only be constructed with plans prepared and certified by a licensed architect or civil engineer, it shall be the duty of the owner of such a structure to provide for periodic observation of the construction of the structure to determine if the work is proceeding in accordance with the plans and specifications as approved by the fire marshal. The observations shall be performed by a registered architect or a registered civil engineer.

B. Upon completion of such work, where the law requires the owner to engage an architect or registered civil engineer, the owner shall furnish to the fire marshal a certificate signed by a registered architect or registered civil engineer stating that the periodic observations have been made and that to the best of the architect's or engineer's knowledge, information and belief, the work was completed in accordance with those fire safety standards and regulations stipulated in the plans and specifications previously approved by the fire marshal. When the owner has not engaged an architect or registered civil engineer, and the same is not required by law, the owner must submit the certificate of completion when appropriate, but always under his signature.

C. Occupancy of a structure, watercraft or movable prior to furnishing a certificate to the fire marshal as required under this regulation is expressly forbidden by the fire marshal, unless and until a satisfactory inspection has been made by the fire marshal or his certified representative.

D. In order to comply with the requirements of §307.B, the owner must submit to the fire marshal the following certificate completed by the architect, civil engineer, or, if neither is required by law, the owner.



STATE OF LOUISIANA
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OFFICE OF STATE FIRE MARSHAL



CERTIFICATE OF COMPLETION

DATE: 10/10/19

SFM PROJECT PO _____ SYSTEM TYPE _____ CONTRACTOR SIGNATURE _____
 SFM PROJECT PO FA-18-001924 SYSTEM TYPE FIRE ALARM CONTRACTOR SIGNATURE Michael Abner
 SFM PROJECT PO _____ SYSTEM TYPE _____ CONTRACTOR SIGNATURE _____
 SFM PROJECT PO _____ SYSTEM TYPE _____ CONTRACTOR SIGNATURE _____

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This is to certify the below project

| | | |
|--|--------------------|--------------------------|
| PROJECT TITLE FROM APPLICATION <u>TOWN-HOUSE SUITES</u> | | |
| PROJECT ADDRESS <u>719 LAKE FARM ROAD</u> | | |
| CITY <u>LAFAYETTE</u> | STATE <u>LA</u> | ZIP CODE <u>70508</u> |

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CERTIFICATE OF COMPLETION

DATE: _____

SFM PROJECT PO AR-18-013254 SYSTEM TYPE ARCH CONTRACTOR SIGNATURE _____
 SFM PROJECT PO AR17012268 SYSTEM TYPE ARCH CONTRACTOR SIGNATURE _____
 SFM PROJECT PO AR1900643 SYSTEM TYPE ARCH CONTRACTOR SIGNATURE _____
 SFM PROJECT PO _____ SYSTEM TYPE _____ CONTRACTOR SIGNATURE _____

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| PROJECT ADDRESS <u>719 LAKE FARM ROAD</u> | | |
| CITY <u>LA FAYETTE</u> | STATE <u>LA</u> | ZIP CODE <u>70508</u> |

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