



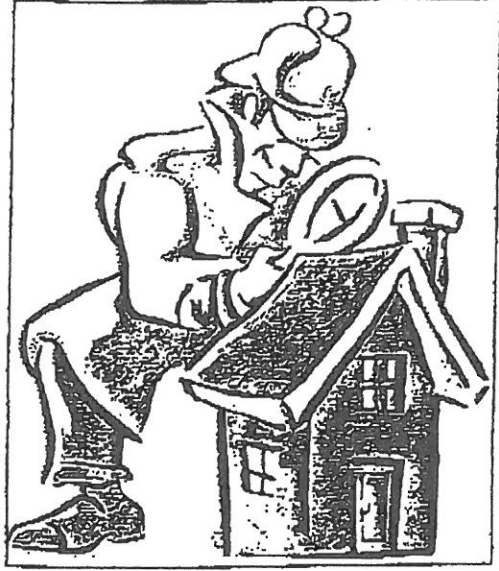
Kathleen Babineaux Blanco
GOVERNOR

STATE OF LOUISIANA
DEPARTMENT OF HEALTH AND HOSPITALS

BOSSIER PARISH HEALTH UNIT

LOUISIANA
Department of
HEALTH and
HOSPITALS
David W. Hood
SECRETARY

SANITARIAN SERVICES



FACSIMILE TRANSMITTAL
SHEET

TO: *David Damon*
FROM: *Constantine Griffin*
DATE: *1/5/07*

FAX NUMBER: *(985) 641-5950* TOTAL # OF PAGES: *2*

PHONE NUMBER
(985) 649-5832

RE: *Quizno's 10752*

URGENT _____
FOR REVIEW _____
PLEASE COMMENT _____
PLEASE REPLY _____
NOTES/COMMENTS: _____



Kathleen Babineaux Blanco
GOVERNOR

STATE OF LOUISIANA
DEPARTMENT OF HEALTH AND HOSPITALS



Department of
**HEALTH and
HOSPITALS**

Fredrick P. Cerise, M.D., M.P.H.
SECRETARY

January 5, 2007

Dammon Engineering
Attn: David Dammon
1095 Florida Avenue
Slidell, Louisiana 70458

RE: Quizno's 10752
2620 Beene Boulevard
Bossier City, Louisiana 71111

Dear Mr. Dammon:

Plans and specifications for the above named project have been reviewed and found to be in substantial conformity with applicable provisions of the State Sanitary Code. This plan approval refers to sanitary features of the design of the floor plan only, and is not to be taken as an approval of structural details, except insofar as they may affect sanitation.

If a design error escapes our detection, that oversight shall not relieve you of the responsibility of complete compliance with the requirements of the State Sanitary Code.

This plan approval is automatically cancelled if construction of the project has not been started within two (2) years after the date of this letter.

Sincerely,

Constance Griffin
Sanitarian III
Bossier Parish Health Unit

Xc: files

OFFICE OF PUBLIC HEALTH • BOSSIER PARISH HEALTH UNIT
3022 OLD MINDEN ROAD • BOSSIER CITY, LOUISIANA 71112
PHONE #: 318/741-7492 • FAX: 318/741-7499
"AN EQUAL OPPORTUNITY EMPLOYER"

DEPARTMENT OF PERMITS AND INSPECTIONS
 CITY OF BOSSIER CITY
 620 Benton Rd. P.O. Box 5337 Phone # (318)-741-8571
 Bossier City, LA 71171-5337

For Office Use Only Building Permit	
Permit Number	_____
Paid	_____
Date	_____
By	_____
Approved For Permit	
By	_____

APPLICATION FOR BUILDING PERMIT

Job Location _____ Lot Number _____

Subdivision _____ Unit Number _____ Flood Zone _____

Owner _____ Phone _____

Architect or Engineer _____ Address _____

Builder _____ Address _____ Phone _____

Type of Construction _____ Size of Building _____

Remarks: _____

This permit does not include work estimated as follows:

Electrical \$ _____
 Plumbing \$ _____
 Heating & Air Conditioning \$ _____

Estimated Cost of Construction...\$ _____
 (With Sub-contractors)

Building Net Cost.....\$ _____
 (Without Sub-contractors)

Rate _____
 Fee Collected.....\$ _____

Office Of Zoning Administration	
Property Zoned	_____
Approved For	_____
<hr/>	
Date	_____
Authorized Signature	_____

Certification

I, or we, hereby make application for a permit to erect, remodel, repair or demolish the building structure, or sign, described above and detailed on the plans and specifications attached hereto and herein agree to comply with the provisions of all ordinances applicable hereto. It is further agreed that any code requirements missed during initial plan review will be immediately complied with upon notice.

By _____
 (Builder, Owner, or Agent)

Date _____

All changes in construction of site plans shall be resubmitted for review.

Schedule of Fees- Building Permits

The formula for figuring the cost of Building Permits is listed below. **There will be a \$200.00 Fine plus a Double Fee for any work started without a permit.**

Instructions:

Total Cost Of Construction

(Including sub-contractors, but without cost of property)

Subtract The Sub-Contractors Contract Prices

(Sub-contractors such as: Mechanical, Electrical, Plumbing, & Fire Sprinkler)

The first \$2,000 of construction cost left over is \$15.00, and every \$1,000 after that is \$3.00, up to the next \$1,000.

Example:

Total cost of construction	\$125,500
Subtract Mechanical	- \$4,700
Subtract Electrical	- \$3,200
Subtract Plumbing	- \$1,750
Subtract Fire Sprinkler	- \$600
Total cost of construction left over	<hr/> = \$115,250
Round up to next \$1,000	\$116,000
Subtract first \$2,000	- <u>\$2,000</u>
	\$114,000
Then multiply by .003	x <u>.003</u>
	\$342.00
Then you add \$15.00 for the first \$2,000	+ <u>\$15.00</u>
	\$357.00 Permit fee

Impact Fees:

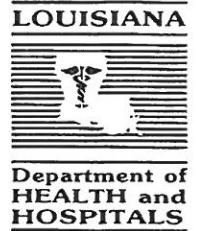
Impact Fees are applied to properties outside the Bossier City limits that have Bossier City water or sewer services. All water and sewer assessment fees shall be based on water meter size. Residential irrigation meters will not have the assessment fee applied, since the fee will have been collected for the meter service to the building, when the building permit was paid. The fee schedule is as follows:

Meter Size	Water System Capital Improvements Assessment Fee \$	Sewer System Capital Improvements Assessment Fee \$
$\frac{3}{4}$ " or $\frac{5}{8}$ " or 1"	1,326	863
1 $\frac{1}{2}$ "	3,315	2,158
2"	6,630	4,315
3"	10,608	6,904
4"	21,216	13,808
6"	33,150	21,575
8"	66,300	43,150
10"	106,080	69,040



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Sincerely,

Constance Griffin
Sanitarian III
Bossier Parish Health Unit

Xc: files

RMKS	ITEM	CONT	APPL	N. C.	A	B	C	N. C.	APPL	CONT	ITEM	RMKS
L	1	BACK/SERV. LIGHT	---						2160		COFFEE/TEA BRE	2
	3	BATH. /DIN. LIGHT	---						840		BAG N BOX	4
T/L	5	STOREFRONT NED	288						744		SLICER	6
T/L	7	SIGN	1200						1200		COOKER/WARMER	8
	9	CLNG RECPT	500						1536		DRINK DISPENSE	10
	11	RECEPTS		720					995		ICE MAKER	12
2P/20A	13	WALK IN FRZ		1685					1320		SANDWICH	14
---	15	-----		1685					1800		EXTRA 1G RECPT	16
	17	MUSIC/TELE		360					1200		COOKER/WARMER	18
*/L	19	MGR DESK		180				864			HOOD EXH FAN	20
*/L	21	PRINTER/ FAX		180				2250			CONVEYOR TOAST	22 2P/50A
*/L	23	OT		180				2250			-----	24 ---
	25	SPARE							1000		MICROWAVE	26
	27	SPARE							1320		SANDWICH	28
2P/40A	29	HOT WATER HTR	1840						1920		SOUP WARMER	30
---	31	-----	1840						1920		SOUP WARMER	32
	33	SPARE							1586		FREEZER COMP.	34 2P/40A
	35	SPARE							1586		-----	36
	37	SPARE							600		COOLER COMP.	38
	39	SPARE							1800		FRZ/CLR LIGHTS	40
	41	SPARE								750	EMG. LIGHTING	42

TOTALS	6988	3370	3120	9864	20355	3472
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PHASE 'A'	13842	3515	9285	2544
PHASE 'B'	14367	2956	6731	4680
PHASE 'C'	12883	4014	2609	5760
TOTALS	41092			

HIGHEST PHASE	13842
LOWEST PHASE	12883
DIFFERENCE	959

A 12,129 ~~24,129~~
B 13,497 ~~26,774~~
C ~~13,135~~ 10,993

$$36,619 / 208 = 176.65 / \sqrt{3} = 101.64$$
 Connected

EXISTING SERVICE IS 208 VOLT; 3 PHASE; 4 WIRE
 EXISTING 200 AMP PANEL WITH MAIN LUGS ONLY

- L = BREAKER WITH LOCK ON DEVICE
 - T = CIRCUIT CONTROLLED BY A TIMER CONTACTOR
 - * = DEDICATED CIRCUIT WITH AN ISOLATED GROUND
 - WP = A NEMA 3R RATED DEVICE
 - GFI = GROUND FAULT INTERRUPTIBLE
- CIRCUIT BREAKER RATINGS: VOLTAGE
- ALL CIRCUIT BREAKERS ARE 1P/20A SWITCHING DUTY BOLT-ON, UNLESS NOTED OTHERWISE.
 ALL CIRCUIT BREAKERS FOR HVAC EQUIPMENT SHALL BE 'HACR' TYPE.

- 1 Double door entrance
- 2 Remote Compressors Screen around

Electrical Transformer

Blockings

A2.1 10' Ceiling Height

Existing tilets

Electrical Run HVAC off 208

Recalculate
LOAD Redesign lights, Hotwater & HVAC

277/480

Grease trap

Credit ceiling & lighting

Possibly TRADE Plumbing for Ceiling Lighting