

PLAN REVIEW APPLICATION

1. LSUCC REVIEW WILL BE PROVIDED BY:

DATE RECEIVED

- THIRD PARTY REVIEW (provide document stating a third party review will be performed)
 REVIEW BY LOCAL BUILDING OFFICIAL (provide document from building official stating review to be done by the local jurisdiction)
 OFFICE OF STATE FIRE MARSHAL (see application for list of eligible jurisdictions)

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

2. 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.

3. Structure Information (Overall Building)

Building Name: _____
 Street Address: _____
 City: _____ State: LA Zip: _____
 Parish: _____ Number of building floors: _____ Project on which floor(s): _____

4. Purpose of Application

PART 3. REQUIRED FOR ALL SUBMITTALS

- System Type: ARCHITECTURAL REVIEW ARCHITECTURAL LIFE SAFETY ADA-AG ACCESSIBILITY ENERGY CONSERVATION
CHECK ONLY ONE: KITCHEN EXHAUST HOOD CONSTRUCTION
- FIRE ALARM SYSTEM REVIEW
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 PREVIOUS 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 SFM pre-approval to submit .
 INDUSTRIALIZED BUILDING / MANUFACTURED HOUSING P0

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

5. 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

6. 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.

7. 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.	

NOTE: FOR FIRE ALARM, SPRINKLER, OR FIRE SUPPRESSION SUBMITTALS ONLY

8. 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:	-
Owner of Firm:	E-mail:		-
Telephone No:	Cell No.	Fax No.	

PROVIDE INFORMATION ON THE PROFESSIONAL OF RECORD FOR THIS PROJECT

9. Professional of Record Information

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

	LAST NAME	FIRST NAME	INITIAL
Professional:	, _____		
LA License No:	_____		
Firm Name:	_____		
Address:	_____		
City:	State:	Zip:	-
Firm Owner:	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)

10. Government and Municipal Projects

PART 9. REQUIRED FOR ALL SUBMITTALS

- State Owned Project
- Municipal Project
- Other (Private Owned)

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

11. Energy Code Review

- YES, ENERGY CODE ATTACHED
- NO ENERGY CODE ATTACHED

<p>CHECK ALL ITEMS THAT APPLY TO THIS PROJECT OR EXISTING BUILDING:</p> <p>IF BOARD AND CARE USE, THEN CHECK ONE:</p> <p>IF DAY CARE USE, THEN CHECK ONE</p> <p>IF HOTEL, DORM, LODGING OR ROOMING, THEN CHECK ONE:</p>	<p><input type="checkbox"/> NEW CONSTRUCTION</p> <p><input type="checkbox"/> VOICE EVACUATION</p> <p><input type="checkbox"/> FIRE ALARM SYSTEM</p> <p><input type="checkbox"/> PROMPT EVACUATION CAPABILITY</p> <p><input type="checkbox"/> 3 TO 6 CLIENTS</p> <p><input type="checkbox"/> ACCOMODATIONS FOR MORE THAN 16 PEOPLE</p>	<p><input type="checkbox"/> SPECIAL LOCKING</p> <p><input type="checkbox"/> TENANT BUILDOUT</p> <p><input type="checkbox"/> SPRINKLER SYSTEM</p> <p><input type="checkbox"/> SLOW EVACUATION CAPABILITY</p> <p><input type="checkbox"/> 7 TO 12 CLIENTS</p> <p><input type="checkbox"/> ACCOMODATIONS FOR 16 OR LESS PEOPLE,</p>	<p><input type="checkbox"/> HIGH RISE BUILDING</p> <p><input type="checkbox"/> HIGH RISE TENANT BUILDOUT</p> <p><input type="checkbox"/> KITCHEN HOOD</p> <p><input type="checkbox"/> IMPRACTICAL EVACUATION CAPABILITY</p> <p><input type="checkbox"/> 13 OR MORE CLIENTS</p>	<p>NUMBER OF FLOORS IN BLDG _____</p> <p>PROJECT ON WHICH FLOOR(S) _____</p> <p>NUMBER OF RESIDENTS _____</p>
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