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# PLAN REVIEW APPLICATION

## 1. LSUCC REVIEW WILL BE PROVIDED BY:

THIRD PARTY REVIEW (provide document stating a third party review will be performed) **DATE RECEIVED**  
 REVIEW BY LOCAL BUILDING OFFICIAL (provide document from building official stating review to be done by the local jurisdiction)  
 OFFICE OF THE 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 FROM 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

**DHH LICENSE WILL BE REQUIRED**

PART 3 REQUIRED FOR ALL SUBMITTALS

System Type: CHECK ONLY ONE	ARCHITECTURAL REVIEW	ARCHITECTURAL LIFE SAFETY	ADA-AG ACCESSIBILITY	ENERGY CONSERVATION
	FIRE ALARM SYSTEM REVIEW Local Auxiliary	CHECK ONLY ONE FIRE ALARM SYSTEM TYPE *Central Station Proprietary Station		Remote Station
	*IF SYSTEM TYPE IS CENTRAL STATION, YOU MUST ATTACH COPY OF THE CENTRAL STATION UL LISTING TO THIS APPLICATION			
	KITCHEN HOOD WET CHEMICAL SUPPRESSION SYSTEM REVIEW			
	FIRE SUPPRESSION SYSTEM REVIEW CHECK SYSTEM TYPE	SPRINKLER	DRY CHEMICAL	CLEAN AGENT HALON
	STORAGE TANK	FOR FLAMMABLE OR COMBUSTIBLE LIQUIDS: NUMBER OF TANKS:		ABOVE GROUND BELOW GROUND
	SOLID WASTE EMERGENCY RESPONSE PLAN SKIP TO AND COMPLETE SECTIONS 6 AND 7 ONLY			
Review Type:	NEW CONSTRUCTION	IF PROJECT IS A SYSTEM REVIEW, THEN PROVIDE PREVIOUS ARCHITECTURAL REVIEW NUMBER		PO
	REHABILITATION (Renovation, addition, or CHANGE OF OCCUPANCY)	PREVIOUS ARCHITECTURAL REVIEW NUMBER, IF APPLICABLE.		PO
	DHH Licensed Project (See IM 2011-06)	PREVIOUS ARCHITECTURAL REVIEW NUMBER, IF APPLICABLE		PO
	BUILDING FOUNDATION, ONLY			
	BUILDING SHELL, ONLY	PREVIOUS BUILDING FOUNDATION REVIEW NUMBER		PO
	RE-SUBMITTAL	PREVIOUS PROJECT REVIEW NUMBER		PO
	PRELIMINARY RESERVED FOR LARGE PROJECTS; MUST HAVE SFM PRE-APPROVAL TO SUBMIT	INDUSTRIALIZED BUILDING / MANUFACTURED HOUSING		PO

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)

THE 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	MERCANTILE
BOARD AND CARE	APARTMENT LODGING/ROOMING		BUSINESS	INDUSTRIAL	STORAGE	UNUSUAL	

Main Occupancy: \_\_\_\_\_ Sq. Ft.: \_\_\_\_\_  
 Secondary: \_\_\_\_\_ Sq. Ft.: \_\_\_\_\_  
 Thirdly: \_\_\_\_\_ Sq. Ft.: \_\_\_\_\_

PROVIDE INFORMATION ON THE OWNER OF THE OVERALL STRUCTURE OR BUILDING FOR THIS PROJECT

**6. OWNER INFORMATION**

Title II Facility (State of Local funding involved)  
Private Funding

PART 5 REQUIRED FOR ALL SUBMITTALS

Owner:	LAST NAME	FIRST NAME	INITIAL
Name of Firm:	_____		
Mailing Address:	_____		
City:	_____	State: LA	Zip: _____
Contact Person:	_____	Email:	_____
Telephone No:	_____	Cell No:	Fax No: _____

PROVIDE INFORMATION ON THE TENANT OF THIS SPECIFIC PROJECT IF DIFFERENT THAN OWNER

**7. TENANT INFORMATION**

Tenant:	LAST NAME	FIRST NAME	INITIAL
Name of Firm:	_____		
Mailing Address:	_____		
City:	_____	State: LA	Zip: _____
Contact Person:	_____	Email:	_____
Telephone No:	_____	Cell No:	Fax No: _____

**NOTE:**

FOR FIRE ALARM, SPRINKLER, OF FIRE SUPPRESSION SUBMITTALS ONLY

**8. PREPARER OF SHOP DRAWINGS INFORMATION**

SFM Licensed Contractor  
State Licensed Contractor

Qualifier	LAST NAME	FIRST NAME	INITIAL
Qualifier Lic. No.:	_____	Signature:	_____
Name of Firm:	_____		
Firm License No.:	_____		
Mailing Address:	_____		
City:	_____	State: LA	Zip: _____
Owner of Firm:	_____	Email:	_____
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

Professional	LAST NAME	FIRST NAME	INITIAL
LA License No.:	_____	_____	_____
Name of Firm:	_____		
Address:	_____		
City:	_____	State: LA	Zip: _____
Firm Owner	_____	Email:	_____
Telephone No:	_____	Cell No:	Fax No: _____

**CHECK ONLY ONE:** IS THIS PROJECT STATE OWNED, MUNICIPAL OWNED (FEDERAL, PARISH, CITY) 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 APPICABLE BOX AT RIGHT

**11. ENERGY CODE REVIEW**

YES, ENERGY CODE ATTACHED  
NO ENERGY CODE ATTACHED

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