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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

| | | | | |
|--|---------------------------------------|----------------------------|-------------------------------------|---------------------------------|
| CHECK ALL ITEMS THAT APPLY TO THIS PROJECT OR EXISTING BUILDING | 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 | |