

DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS  
OFFICE OF STATE FIRE MARSHAL CODE ENFORCEMENT AND BUILDING SAFETY  
8181 INDEPENDENCE BLVD., BATON ROUGE, LA 70806  
800-256-5452 225-925-4920 FAX: 225-925-4414  
www.dps.louisiana.gov/sfm

# PLAN REVIEW APPLICATION

CHECK HERE IF STATE UNIFORM CONSTRUCTION CODE REVIEW IS REQUIRED BY THIS OFFICE

FIRE MARSHAL USE ONLY: DATE RECEIVED  
REVIEWER / BADGE: P0

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

## 1. Project Information

PART 1. REQUIRED FOR ALL SUBMITTALS ATTACH APPLICABLE CHECKLIST & FEE SCHEDULE PLEASE PRINT (BLACK OR BLUE INK ONLY)

Project Name: EL-BETHEL CHURCH  
Street Address: ALLEN ROAD  
Suite/Space No.:  
City: SLIDELL State: LA Zip: 70461  
Parish: ST. TAMMANY Within city limits?  Yes  No

PROVIDE INFORMATION ON THE OVERALL STRUCTURE OR BUILDING THAT THIS PROJECT IS WITHIN, IF DIFFERENT THAN ABOVE.

## 2. Structure Information (Overall Building)

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

## 3. Purpose of Application

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 KITCHEN EXHAUST HOOD CONSTRUCTION  
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  
 NEW CONSTRUCTION IF PROJECT IS A SYSTEM REVIEW, THEN PROVIDE PREVIOUS ARCHITECTURAL REVIEW NUMBER P0  
 RENOVATION OR ADDITION IF CHANGE OF OCCUPANCY, THEN CHECK NEXT LINE. 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 P0  
 INDUSTRIALIZED BUILDING / MANUFACTURED HOUSING P0

Review Type: CHECK ONLY ONE.

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

## 4. Project Details

PART 4. REQUIRED FOR ALL SUBMITTALS

New Sq Ft:  
Existing Sq Ft: Estimated Cost of this Project: \$ 6,000 \$ 750,000  
Renovated Sq Ft: Calculated Fee Attached:  
FOLLOWING OCCUPANCIES REFER TO OVERALL STRUCTURE OR BUILDING: MONEY ORDERS, CASHIER'S CHECKS, CERTIFIED CHECKS, COMPANY CHECKS, PERSONAL CHECKS, ACCEPTED (NO TEMPORARY CHECKS).  
SELECT ONE OR MORE OF THE FOLLOWING OCCUPANCIES AND PRINT BELOW.  
ASSEMBLY EDUCATIONAL DAY CARE HEALTH CARE HOTEL DORMITORY APARTMENT LODGING / ROOMING BOARD AND CARE MERCANTILE BUSINESS INDUSTRIAL STORAGE UNUSUAL  
ASSEMBLY - RECREATION Sq Ft 6,000  
Secondary: Sq Ft  
Thirdly: Sq Ft

**5. Owner Information**

PART 5. REQUIRED FOR ALL SUBMITTALS

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

Owner: LAST NAME WELLINGTON, FIRST NAME EUGENE, INITIAL   
 Name of Firm: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ State: LA Zip: 70461  
 Telephone No: 985-990-4973 Cell No. \_\_\_\_\_ E-mail: EWELLINGTON458@AOL.COM  
 Fax No. \_\_\_\_\_

**6. Tenant Information**

Tenant: LAST NAME SAME, FIRST NAME , INITIAL   
 Name of Firm: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Telephone No: \_\_\_\_\_ Cell No. \_\_\_\_\_ Fax No. \_\_\_\_\_

**7. Preparer of Shop Drawings Information**

Qualifier: \_\_\_\_\_ INITIAL \_\_\_\_\_  
 Qualifier Lic. No: \_\_\_\_\_  
 Name of Firm: \_\_\_\_\_  
 Firm License No: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Telephone No: \_\_\_\_\_ Cell No. \_\_\_\_\_ Fax No. \_\_\_\_\_

PROVIDE INFORMATION ON THE PREPARER OF THE FIRE ALARM, SPRINKLER, OR FIRE SUPPRESSION SHOP DRAWINGS.

SFM Licensed Contractor  
 State Licensed Engineer

**8. Professional of Record Information**

Professional: LAST NAME WILTSE, FIRST NAME ROBERT, INITIAL   
 LA License No: 2736  
 Name of Firm: DAMON ENGINEERING, INC  
 Address: 1095 FLORIDA AVE.  
 City: SLIDELL State: LA Zip: 70458  
 Contact Person: ROBERT WILTSE E-mail: \_\_\_\_\_  
 Telephone No: 985-649-5832 Cell No. \_\_\_\_\_ Fax No. 985-641-5950

PROVIDE INFORMATION ON THE PROFESSIONAL OF RECORD FOR THIS PROJECT

Architect  
 Civil Engineer  
 EE / ME / FP Engineer

**9. Government and Municipal Projects**

PART 9. REQUIRED FOR ALL SUBMITTALS

CHECK ONLY ONE: IS THIS PROJECT STATE OWNED, MUNICIPAL (FEDERAL, PARISH, CITY OWNED, OR OTHER (PRIVATE OWNED))  
 State Owned Project  
 Municipal Project  
 Other (Private Owned)

**10. Energy Code Review**

IF A REVIEW FOR THE NATIONAL ENERGY CODE IS PART OF THIS PROJECT THEN CHECK APPLICABLE BOX AT RIGHT:  
 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  
 VOICE EVACUATION  
 TENANT BUILDOUT  
 HIGH RISE TENANT BUILDOUT  
 FIRE ALARM SYSTEM  
 SPRINKLER SYSTEM  
 KITCHEN HOOD  
 PROMPT EVACUATION CAPABILITY  
 SLOW EVACUATION CAPABILITY  
 IMPRACTICAL EVACUATION CAPABILITY  
 3 TO 6 CLIENTS  
 7 TO 12 CLIENTS  
 13 OR MORE CLIENTS  
 IF BOARD AND CARE USE, THEN CHECK ONE:  
 IF DAY CARE USE, THEN CHECK ONE:  
 IF HOTEL, DORM, LODGING OR ROOMING, THEN CHECK ONE:  
 ACCOMMODATIONS FOR MORE THAN 16 PEOPLE  
 ACCOMMODATIONS FOR 16 OR LESS PEOPLE.  
 NUMBER OF FLOORS IN BLDG 1  
 PROJECT ON WHICH FLOOR(S) 1  
 NUMBER OF RESIDENTS \_\_\_\_\_

C1-Battled

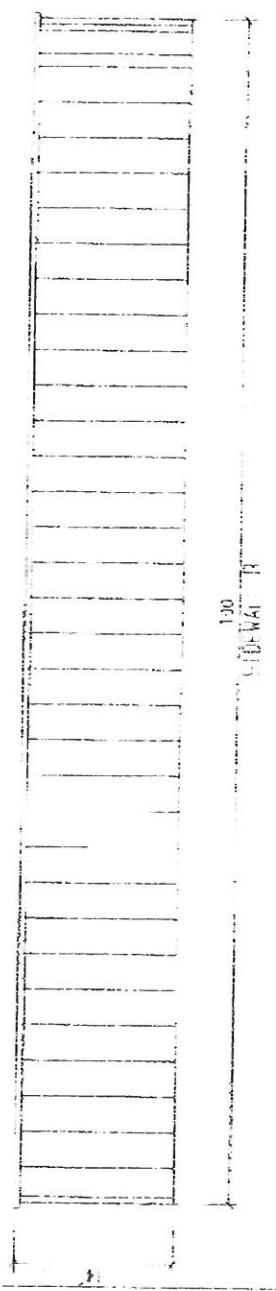
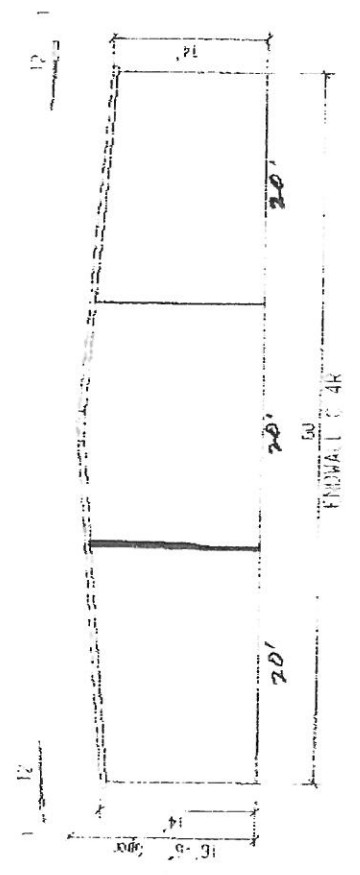
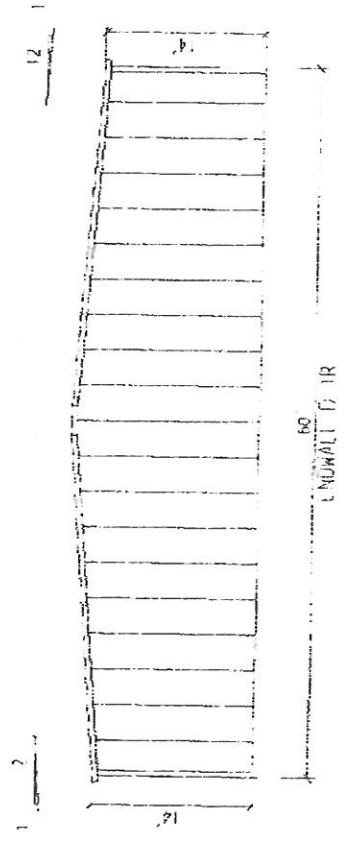
Ruffin Building Systems

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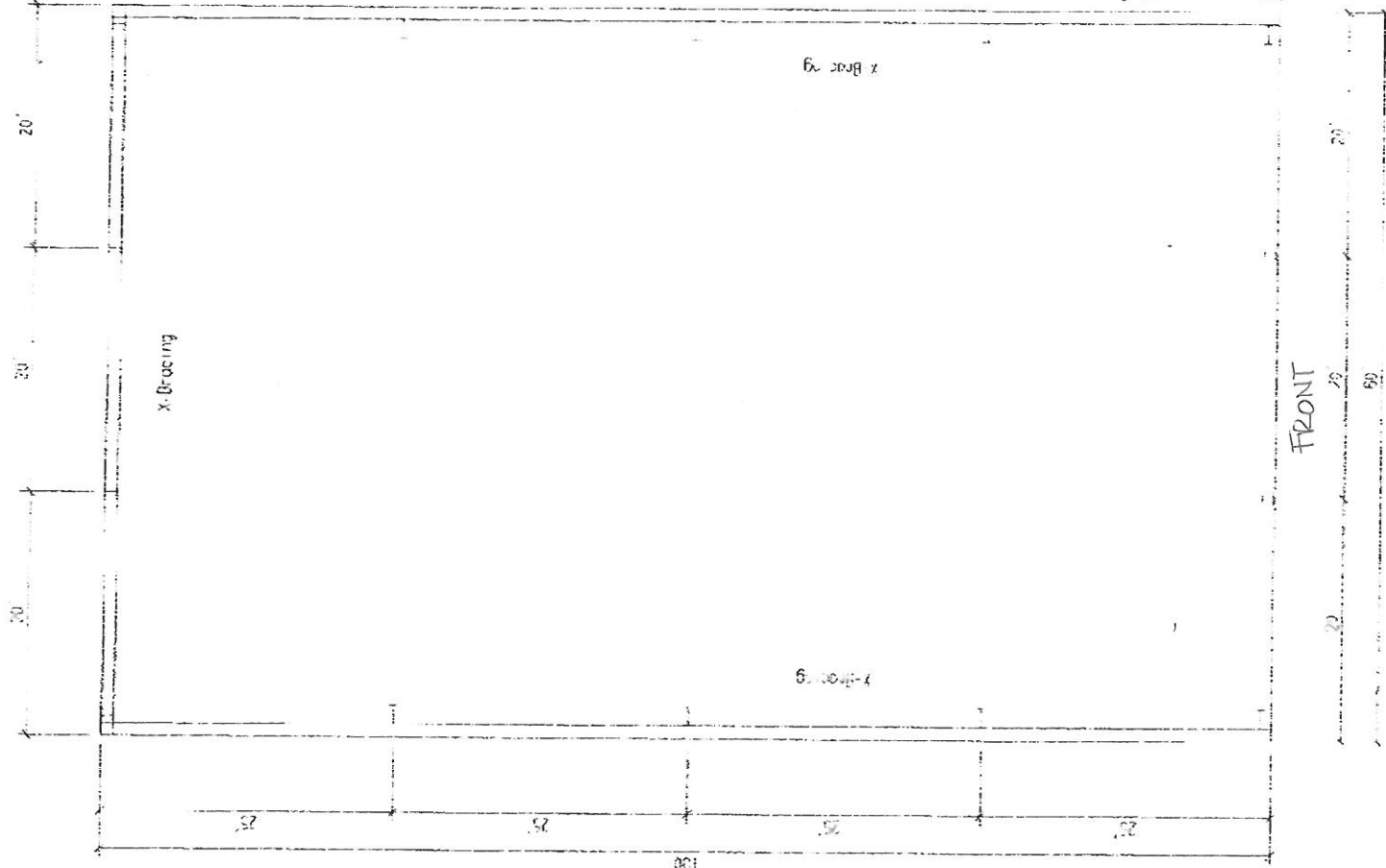
AV1109



# TCP VIEW

AVC109

FRONT D



FRONT C

585 649 7679

# Questions - Medinfect - Sht. V.

$$f(x) = \frac{1}{6x+7}$$

$h \rightarrow 0$

$$\frac{1}{h} f'(x) = \frac{f(x+h) - f(x)}{h}$$

$$\frac{1}{6(x+h)+7}$$

$$\sqrt[3]{x+h}$$

$$(x+h)^{1/3}$$

ALUE

$$(a^3)^2$$

$$a^3 \cdot a^2 = a^5$$

