

C O V E R

FAX

S H E E T

To: Pete Dammon
Fax #: 985-641-5950
Subject: Application
Date: 2-13-2007
Pages: 3

COMMENTS:

Janiro
Lino

From the desk of...

Plan Review
La State Fire Marshal's Office
8181 Independence Blvd.
Baton Rouge, LA 70806

225 925 4911
Fax: 225 925 4414

STATE OF LOUISIANA
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
WEB SITE: www.dps.state.la.us/sfm

RECEIVED

FEB 13 2007

STATE FIRE MARSHAL
ARCHITECTURAL SECTION
FIRE MARSHAL'S OFFICE - DATE RECEIVED
RECEIVED BY: PO

PLAN REVIEW APPLICATION

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: Living Word International Ministry
Street Address: 1000 Caruso Blvd.
Suite or 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:
Street Address:
City: SLIDELL State: LA Zip:
Parish: ST TAMMANY

3. Purpose of Application

PART 3, REQUIRED FOR ALL SUBMITTALS

System Type: ARCHITECTURAL REVIEW
CHECK ONLY ONE: FIRE ALARM SYSTEM REVIEW
CHECK ONLY ONE FIRE ALARM SYSTEM TYPE:
 Local Auxillary *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 PAINT SPRAY BOOTH
ROOF WATER SUPPRESSION FOAM WATER
 STORAGE TANK FOR FLAMMABLE OR COMBUSTIBLE LIQUIDS: NUMBER OF TANKS ABOVE GROUND BELOW GR
Review Type: INITIAL CHECK HERE ONLY IF YOUR PROJECT DOES NOT MATCH ONE OF THE REVIEW TYPES, BELOW. IF PROJECT IS A SYSTEM REVIEW, THEN PROVIDE PREVIOUS ARCHITECTURAL REVIEW NUMBER. PO: 277358
CHECK ONLY ONE: PRELIMINARY PROVIDE PREVIOUS PROJECT REVIEW NUMBER OR PRELIMINARY REVIEW NUMBER. PO:
 RE-Submittal IF CHANGE OF OCCUPANCY, THEN CHECK NEXT LINE. PREVIOUS ARCHITECTURAL REVIEW NUMBER, IF APPLICABLE. PO:
 RENOVATION/ADDITION WITH OR WITHOUT RENOVATIONS, CHECK HERE. PROVIDE PREVIOUS ARCHITECTURAL REVIEW NUMBER, IF APPLICABLE. PO:
 CHANGE OF OCCUPANCY
 FOUNDATION ONLY
 SHELL ONLY
 MOBILE/MODULAR

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: Estimated Cost of this Project: \$
Existing Sq Ft: Calculated Fee Attached: \$
Renovated Sq Ft: 8012 MONEY ORDERS, CASHIER'S CHECKS, CERTIFIED CHECKS, AND COMPANY CHECKS ARE ONLY ACCEPTED (NO PERSONAL CHECKS ACCEPTED, EFFECTIVE 9-1-00). ATTACH CHECKLIST
FOLLOWING OCCUPANCIES REFER TO OVERALL STRUCTURE OR BUILDING SELECT ONE OR MORE OF THE FOLLOWING OCCUPANCIES AND PRINT BELOW:
Main Occupancy: ASSEMBLY EDUCATIONAL DAY CARE HEALTH CARE DISTENTION HOTEL DORMITORY APARTMENT LODGING/ ROOMING BOARD AND CARE MERCANTILE BUSINESS INDUSTRIAL STORAGE UNUSUAL
Secondary: Sq Ft
Thirdly: Sq Ft

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

5. Owner Information

PART 5, REQUIRED FOR ALL SUBMITTALS

Owner: Name of Firm: Mailing Address:

City: email: Telephone No:

Form with fields for LAST NAME, FIRST NAME, INITIAL, State, Zip, Fax No.

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

6. Tenant Information

Tenant: Name of Firm: Mailing Address:

City: email: Telephone No:

Form with handwritten entries: LIVING WORD INTERNATIONAL, MINKTRY, 1000 GANSE CAROSO BLVD, SUDELL, State: LA, Zip: 70458

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

7. Preparer of Shop Drawings Information

- Sub-Contractor (checked), Engineer

Preparer: License No: Name of Firm: Firm License No: Mailing Address:

City: email: Telephone No:

Form with entries: TAYLOR, MARK, SG5072, AMERICAN SPRINKLER CO. INC., SF5029, P.O. BOX 647, METAIRIE, mstaylor@i-55.com, (504)837-0572, State: LA, Zip: 70004-0647, Fax No.: (504)837-3253

PROVIDE INFORMATION ON THE PROFESSIONAL OF RECORD ON THIS PROJECT

8. Professional of Record Information

- Architect, Civil Engineer, EE / ME Engineer

Professional: LA License No: Name of Firm: Address: City: email: Telephone No:

Form with handwritten entries: GREMILLION, EDWARD, ONLY PROVIDE CHANGES BELOW, THAT DIFFER FROM INFORMATION AT STATE BOARD WEBSITE

CHECK ONLY ONE: IS THIS PROJECT STATE OWNED, MUNICIPAL (FEDERAL, PARISH, CITY) OWNED, OR OTHER (PRIVATE OWNED)?

9. Government and Municipal Projects

- State Owned Project, Municipal Project, Other, YES, ENERGY CODE PACKAGE ATTACHED, NO ENERGY CODE PACKAGE ATTACHED

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

10. Energy Code Review

CHECK ALL ITEMS THAT APPLY TO THIS PROJECT OR EXISTING BUILDING:

Form with checkboxes for New Construction, Voice Evacuation, Fire Alarm System, Special Locking, Tenant Buildout, Sprinkler System, High Rise Building, High Rise Tenant Buildout, Kitchen Hood, PROMPT EVACUATION CAPABILITY, SLOW EVACUATION CAPABILITY, IMPRACTICAL EVACUATION CAPABILITY, ACCOMMODATIONS FOR MORE THAN 16 PEOPLE, ACCOMMODATIONS FOR 16 OR LESS PEOPLE

PLEASE COMPLETE OTHER SIDE

Dammon Engineering Inc.

1095 Florida Ave.
Slidell, LA 70458
(985) 649-5832
Fax: (985) 641-5950

FAX COVER SHEET

FAX NUMBER TRANSMITTED TO: 225-925-4414

TO: Janeiro/Plan Review

FROM: Pete Dammon

CLIENT/MATTER: Living Word International Ministry/Previous PO277358

REFERENCE: Completed Review Application

DATE: 2/14/2007 NO. OF PAGES INCLUDING COVER SHEET: 3

COMMENTS:

IF YOU EXPERIENCE ANY PROBLEMS RECEIVING THIS FAX, PLEASE CALL (985) 649-5832,
OR FAX (985) 641-5950

STATE OF LOUISIANA
DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS
OFFICE OF STATE FIRE MARSHAL CODE ENFORCEMENT AND BUILDING SAFETY
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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: PO:

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: Living Word International Ministry
Street Address: 1000 Caruso Blvd.
Suite/Space No:
City: Slidell State: LA Zip: 70461
Parish: St. Tammany Within city limits? [X] 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: [] ARCHITECTURAL REVIEW ARCHITECTURAL LIFE SAFETY ADA-AG ACCESSIBILITY ENERGY CONSERVATION
CHECK ONLY ONE: [] FIRE ALARM SYSTEM REVIEW FIRE ALARM SYSTEM TYPE: [] Local [] Auxiliary [] *Central Station [] Proprietary Station [] Remote Station
[] KITCHEN HOOD WET CHEMICAL SUPPRESSION SYSTEM REVIEW
[X] FIRE SUPPRESSION SYSTEM REVIEW [X] 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: [X] RENOVATION OR ADDITION IF CHANGE OF OCCUPANCY, THEN CHECK NEXT LINE. PREVIOUS ARCHITECTURAL REVIEW NUMBER, IF APPLICABLE P0 277358
[] CHANGE OF OCCUPANCY WITH OR WITHOUT RENOVATIONS, CHECK HERE. PROVIDE REVIOUS ARCHITECTURAL REVIEW NUMBER, IF APPLICABLE P0
[] BUILDING FOUNDATION ONLY PROVIDE PREVIOUS BUILDING FOUNDATION REVIEW NUMBER P0
[] BUILDING SHELL ONLY PROVIDE PREVIOUS PROJECT REVIEW NUMBER P0
[] RE-SUBMITTAL RESERVED FOR LARGE PROJECTS. MUST HAVE STATE FIRE MARSHAL PRE-APPROVAL TO SUBMIT AS PRELIMINARY
[] PRELIMINARY

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: , , 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.

5. Owner Information

PART 5. REQUIRED FOR ALL SUBMITTALS

| | LAST NAME | FIRST NAME | INITIAL |
|------------------|------------------------------------|------------|------------|
| Owner: | | | |
| Name of Firm: | Living Word International Ministry | | |
| Mailing Address: | 1000 Canuso Blvd | | |
| City: | Slidell | State: LA | Zip: 70458 |
| Contact Person: | | E-mail: | |
| Telephone No: | | Cell No. | Fax No. |

PROVIDE INFORMATION ON THE TENANT FOR THIS SPECIFIC PROJECT, IF DIFFERENT THAN OWNER.

6. Tenant Information

| | LAST NAME | FIRST NAME | INITIAL |
|------------------|-----------|------------|---------|
| Tenant: | Same | | |
| Name of Firm: | | | |
| 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.

7. Preparer of Shop Drawings Information

- SFM Licensed Contractor
- State Licensed Engineer

| | LAST NAME | FIRST NAME | INITIAL |
|--------------------|------------------------------|------------|----------------------|
| Qualifier: | Taylor | Mark | S |
| Qualifier Lic. No: | SC 5072 | | |
| Name of Firm: | American Sprinkler Co., Inc. | | |
| Firm License No: | SF 5029 | | |
| Mailing Address: | P.O. Box 647 | | |
| City: | Metairie | State: LA | Zip: 70004-0647 |
| Contact Person: | Mark Taylor | E-mail: | mtaylor@T-55.com |
| Telephone No: | 504-837-0572 | Cell No. | Fax No. 504-837-3253 |

PROVIDE INFORMATION ON THE PROFESSIONAL OF RECORD FOR THIS PROJECT.

8. Professional of Record Information

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

| | LAST NAME | FIRST NAME | INITIAL |
|-----------------|--------------------|------------|----------------------|
| Professional: | Greenillion | Edward | C |
| LA License No: | 4030 | | |
| Name of Firm: | Damman Engineering | | |
| Address: | 1095 Florida Ave | | |
| City: | Slidell | State: LA | Zip: 70458 |
| Contact Person: | | E-mail: | |
| Telephone No: | 985-649-5832 | Cell No. | Fax No. 985-641-5950 |

CHECK ONLY ONE: IS THIS PROJECT STATE OWNED, MUNICIPAL (FEDERAL, PARISH, CITY OWNED), OR OTHER (PRIVATE OWNED)?

9. Government and Municipal Projects

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

PART 9. REQUIRED FOR ALL SUBMITTALS

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

10. Energy Code Review

- YES, ENERGY CODE PACKAGE ATTACHED
- NO ENERGY CODE PACKAGE ATTACHED