

Automatic Sprinkler System Modifications REQUEST FOR EXEMPTION

PLEASE PRINT CLEARLY OR TYPE INFORMATION

LOUISIANA DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS
 OFFICE OF STATE FIRE MARSHAL
 8181 INDEPENDENCE BOULEVARD
 BATON ROUGE, LOUISIANA 70806
 PHONE (225) 925-4920 FAX (225) 925-4414
 WEB SITE: www.dps.state.la.us/sfm

REVIEW FEE
\$20.00

DATE OF APPLICATION **3-12-10**
 STATE FIRE MARSHAL ARCHITECTURAL REVIEW NUMBER
PO 367234

PROJECT TITLE (Name of Business) **NORTHSHORE CHURCH** PROJECT FLOOR **1**
 TOTAL NO FLOORS IN BUILDING **1**
 NAME OF BUILDING/SHOPPING CENTER
 EXEMPTION RESUBMITTAL? YES NO
 PREVIOUS REVIEW NUMBER:
 PHYSICAL LOCATION OF PROJECT ADDRESS (Street/Suite) **300 KENSINGTON AVENUE** ZIP CODE **70458** PARISH **ST TAMMANY**
 Inside City Limits CITY (In or Near) **SLIDELL, LA**
 Outside City Limits

PROFESSIONAL OF RECORD (P.O.R.) (If none, then MUST be Owner)
 NAME **DAMMON ENGINEERING, INC.** PHONE **(985) 649-5832**
 MAILING ADDRESS (Street/P.O. Box) **1095 FLORIDA AVENUE** FAX **(985) 641-5950**
 CITY **SLIDELL** STATE **LA** ZIP CODE **70458**
 P.O.R. LICENSE NO **0001350** EMAIL ADDRESS **DAMMONENG@BELLSOUTH.NET**

SPRINKLER SYSTEM INFORMATION

OCCUPANCY CLASS (NFPA 101 Chapter) **12** HAZARD CLASS (PER NFPA 13) **LIGHT** PUMP INFORMATION PRESSURE (psi) **45** PLACARD INFORMATION
 SYSTEM TYPE WET DRY DESIGN TYPE HYDRAULIC PIPE SCHEDULE MAIN REDUC. VLV. SET **NTA** psi PRESSURE (psi) **1000** SF, WITH DEMAND OF
 WATER SOURCE MUNICIPAL PRIVATE WATER SUPPLY DATA STATIC (psi) **62** RESIDUAL (psi) **56** FLOW (gpm) **1061** TEST DATE **1/8/10** **MISSING**
 TOTAL NUMBER OF EXEMPTION SPRINKLERS **12** AREA COVERED BY THIS EXEMPTION (sq ft) **8,498** COST OF WORK TO BE DONE **\$15,458** GPM AT:

DESCRIPTION OF WORK
RELOCATE TWO SPRINKLER HEADS AND ADD SIX SPRINKLER HEADS
AND PLUG TWO SPRINKLER HEADS

SPRINKLER MFGR **TYCO** MODEL **TY3211** TYPE **TY-L** TEMPERATURE: **165°** ORIFICE SIZE: **1/2"**
 EFFECT ON SYSTEM
NONE ANTICIPATED

SPRINKLER SYSTEM CONTRACTOR / ENGINEER / DESIGNER (not the POR)
 NAME **DAVID SISOLAK** Date **3/15/10** EMPLOYEE STATE LICENSE NO. **E4189**
 FIRM NAME **SIMPLEXGRINNELL** FIRM MAILING ADDRESS **5800 JEFFERSON HWY., STE. A HARAHAN, LA 70123**
 CONTACT NAME **DAVID SISOLAK**
 FIRM LICENSE NUMBER **F767** PHONE NO **(504) 736-0104** FAX NO **(504) 736-9292**
 EMAIL ADDRESS **DSISOLAK@SIMPLEXGRINNELL.COM**

FOR FIRE MARSHAL USE ONLY DATE RECEIVED **3-15-10** PROJECT NUMBER **318280** REVIEW ARCHITECT **Thomas/Burch**
 Accepted Comments **ACCEPTED BY THOMAS/BURCH. 3/19/10**
 Denied

CC: Applicant Sprinkler Contractor SFM District Fire Prevention Bureau SFM Health Care High Rise File Reading File

SHREVEPORT 888-634-7682
 NEW ORLEANS 888-634-7689
 LAFAYETTE 800-554-0006
 BATON ROUGE 800-256-5452
 HEALTH CARE
 CONTACT THE INDICATED DISTRICT OFFICE FOR FINAL INSPECTION:

epicm-sdfs.cdf - 4/1/2003