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
www.dps.state.la.us/sfm

031507

BUILDING MODIFICATIONS
REQUEST FOR EXEMPTION FROM FULL PLAN REVIEW

PLEASE SEE INSTRUCTIONS AND REQUIREMENTS ON REVERSE SIDE OR ATTACHED PAGE ☞

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 PLEASE PRINT BLACK OR BLUE INK ONLY

Project Name: RDG Properties Bldg #5 Ste. B Build out
Street Address: 60491 Doss Drive — Suite or Space No: B
City: Slidell — State: LA Zip: 70458
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: RDG Properties Bldg #5
Street Address: 60491 Doss Drive
City: Slidell — State: LA Zip: 70458

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

3. Owner Information

PART 3. REQUIRED FOR ALL SUBMITTALS

	LAST NAME	FIRST NAME	INITIAL
Owner:	Richard	Paul	E-mail
Name of Firm:	RDG Properties, LLC		
Mailing Address:	P.O. Box 2891		
City:	Slidell	State: LA	Zip: 70459
Work Telephone:	504-891-9278	Cell: 504-669-7285	Fax:

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

4. Tenant Information

	LAST NAME	FIRST NAME	INITIAL
Tenant:	Phillips	Gwendolyn	E-mail
Name of Firm:	Southeast LA Veterans Healthcare Systems		
Mailing Address:	2237 Poydras St.		
City:	New Orleans	State: LA	Zip: 70119
Work Telephone:	504-571-8176	Cell:	Fax: 504-571-8193

STATE FIRE MARSHAL USE ONLY

Determination Reply

☐ Accepted
☐ Denied
Date ___ ___ 20___

STATE FIRE MARSHAL USE ONLY

☐ Compliance with ADA-AG required.
☐ This processed form shall accompany required exemption form for associated scope(s) of work:
☐ Fire Alarm System ☐ Sprinkler System ☐ Kitchen Hood/Suppression ☐ Other Suppression
☐ This exemption acceptance shall not relieve the applicant from compliance with the LSUCC and from permitting or inspection at the discretion of the local building official. Comply with IBC Section 3403.3.

THIS REVIEW ACKNOWLEDGES THE FOLLOWING ATTACHMENT(S) FROM THE APPLICANT:

SCOPE OF WORK / REMARKS:

APPLICANT: TELEPHONE THE FOLLOWING DISTRICT TO SCHEDULE FINAL INSPECTION

☐ Baton Rouge	225-925-3650	800-256-5452	☐ Lafayette	337-886-1273	800-554-0006
☐ New Orleans	504-219-4600	888-634-7689	☐ Shreveport	318-676-7145	888-634-7682
			☐ Health Care	225-925-4720	800-256-5452