

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.lasfm.org

DATE OF APPLICATION:
 4-27-11
 SFM ARCHITECTURAL REVIEW NUMBER
PO 394664
 See Item 4a on instruction sheet

AUTOMATIC SPRINKLER SYSTEM MODIFICATION REQUEST FOR EXEMPTION

REVIEW FEE
\$20.00

PROJECT INFORMATION:

| | | | |
|---|---|--|--------------------------|
| PROJECT TITLE FROM APPLICATION (Name of Business) CHILDREN'S INTERNATIONAL MEDICAL GROUP | | PROJECT FLOOR 1 | |
| NAME OF BUILDING/SHOPPING CENTER | | TOTAL NO OF FLOORS IN BUILDING 1 | |
| PHYSICAL LOCATION OF PROJECT. <input checked="" type="checkbox"/> INSIDE CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS | ADDRESS (Street/Suite) 8250 W JUDGE PEREZ DRIVE | EXEMPTION RESUBMITTAL? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | |
| CITY CHALMETTE | PARISH ST BERNARD | STATE LA | ZIP CODE 70043 |
| PREVIOUS REVIEW NUMBER: _____ | | | |

OWNER INFORMATION (or Professional of Record if applicable):

| | | | |
|--|-----------------------------------|----------------------------|------------------------------|
| NAME ROBERT WILTSE, DAMMON ENGINEERING | SIGNATURE <i>Robert Wiltse</i> | LIC. NUMBER 2736 | PHONE 985-649-5832 |
| MAILING ADDRESS 554 OLD SPANISH TRAIL | | | FAX 985-641-5950 |
| CITY SLIDELL | STATE LA | ZIP CODE 70458 | |
| EMAIL ADDRESS Dammon Eng @ Bellsouth.net | | | |

SPRINKLER SYSTEM INFORMATION

| | | | | | | | | | |
|---|--|---|----------------|--|-----------|--|--|--|--|
| OCCUPANCY CLASS Business (NFPA 101 Chapter) | | HAZARD CLASS LIGHT (Per NFPA 13) | | PUMP INFORMATION | | PLACARD INFORMATION | | TOTAL NUMBER OF EXEMPTION SPRINKLERS 66 | |
| SYSTEM TYPE <input checked="" type="checkbox"/> WET <input type="checkbox"/> DRY | DESIGN TYPE <input checked="" type="checkbox"/> HYDRAULIC <input type="checkbox"/> PIPE SCHEDULE | MAIN REDUC.VLV. SET _____ psi PRESS REDUC.VLV. SET _____ psi | | PRESSURE (psi) _____ FLOW (psi) _____ | | GSM/SF OVER SF. WITH DEMAND OF PSI AT GPM AT: | | AREA COVERED BY THIS EXEMPTION (sf) COST OF WORK TO BE DONE | |
| WATER SOURCE <input checked="" type="checkbox"/> MUNICIPAL <input type="checkbox"/> PRIVATE | WATER SUPPLY DATA | STATIC (PSI) | RESIDUAL (PSI) | FLOW (GPM) | TEST DATE | | | | |

DESCRIPTION OF WORK

RELOCATE 18 AND LOWER 48 EXISTING HEADS FOR TENANT MODIFICATIONS. ALL HEADS TO BE REPLACED WITH QUICK RESPONSE HEADS.

| | | | | | |
|----------------------------------|----------------------|---------|------------------------|----------------------------|---------------------------------|
| SPRINKLER MFGR. VIKING | MODEL M QR | SIN NO. | TYPE PENDANT | TEMPERATURE 155* | ORIFICE SIZE 1/2 INCH |
| EFFECT ON SYSTEM None. | | | | | |

SPRINKLER SYSTEM CONTRACTOR/ ENGINEER/ DESIGNER (not the POR)

| | | |
|---|---|---|
| NAME: Stephanie Enclade | EMPLOYEE STATE LIC. NUMBER E 6181 | PHONE (504) 362-0198 |
| SIGNATURE <i>Stephanie Enclade</i> | | FAX (504) 367-0216 |
| FIRM NAME Jefferson Sprinkler Inc. | | |
| FIRM ADDRESS PO Box 129, Gretna, La 70054 | | FIRM LICENSE NUMBER F 760 |
| CONTACT PERSON Raymond J. Strohmeyer, Jr. | | EMAIL ADDRESS raymonds@jeffersonsprinkler.com |

REPLY

| |
|---------------|
| PROJECT NO. |
| REVIEWER |
| DATE RECEIVED |

FOR FIRE MARSHAL USE ONLY

DENIED - RESUBMIT
 ACCEPTED

CONTACT THE INDICATED DISTRICT OFFICE FOR FINAL INSPECTION

- HEALTH CARE DIVISION
- BATON ROUGE 800-256-5452
- LAFAYETTE 800-554-0006
- NEW ORLEANS 888-634-7689

THIS EXEMPTION REQUEST IS VALID FOR 180 DAYS FROM DATE OF RESPONSE. INSTALLATION