

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

5. Owner Information

PART 5. REQUIRED FOR ALL SUBMITTALS

Owner: Milliot, Floyd

Name of Firm: Milliot Academy of Dance

Mailing Address: 3082 Conroy Street

City: San Diego State: CA Zip: 70158

Telephone No: 649-0318 Fax No: _____

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

6. Tenant Information

Tenant: Same

Name of Firm: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone No: _____ Fax No: _____

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

7. Preparer of Shop Drawings Information

- Sub-Contractor
- Engineer

Preparer: _____

License No: _____ Nicet Level: 1 2 3 4

Name of Firm: _____

Firm License No: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone No: _____ Fax No: _____

PROVIDE INFORMATION ON THE PROFESSIONAL OF RECORD FOR THIS PROJECT.

8. Professional of Record Information

- Architect
- Civil Engineer
- EE / ME Engineer

Professional: _____

LA License No: _____

Name of Firm: Hamman

Address: _____

City: _____ State: _____ Zip: _____

Telephone No: _____ Fax No: _____

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

9. Government and Municipal Projects

PART 9. REQUIRED FOR ALL SUBMITTALS

- State Owned Project
- Municipal Project
- Other

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

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

<input type="checkbox"/> New Construction	<input type="checkbox"/> Special Locking	<input type="checkbox"/> High Rise Building	NUMBER OF FLOORS IN BLDG _____
<input type="checkbox"/> Voice Evacuation	<input type="checkbox"/> Tenant Buildout	<input type="checkbox"/> High Rise Tenant Buildout	PROJECT ON WHICH FLOOR(S) _____
<input type="checkbox"/> Fire Alarm System	<input type="checkbox"/> Sprinkler System	<input type="checkbox"/> Kitchen Hood	

IF BOARD AND CARE USE, THEN CHECK ONE:

<input type="checkbox"/> PROMPT EVACUATION CAPABILITY	<input type="checkbox"/> SLOW EVACUATION CAPABILITY	<input type="checkbox"/> IMPRACTICAL EVACUATION CAPABILITY	NUMBER OF RESIDENTS _____
<input type="checkbox"/> 3 TO 12 CLIENTS	<input type="checkbox"/> 13 OR MORE CLIENTS		

IF HOTEL, DORM, LODGING OR ROOMING, THEN CHECK ONE:

<input type="checkbox"/> ACCOMMODATIONS FOR MORE THAN 16 PEOPLE	<input type="checkbox"/> ACCOMMODATIONS FOR 16 OR LESS PEOPLE
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