

Puddle, Inc (dba-Wings-Pizza-N-Things)

The Louisiana State Fire Marshal's Office
8181 Independence Blvd.
Baton Rouge, LA 70806

ARCHITECT
SHANE PATTERSON
713-446-9046

Attn: Joe Messina, Review Architect

Mr. Messina, please review and mark up with comments as needed the attached set of plans for Restaurant (Wings-Pizza-N-Things) 550 Gause Blvd. Slidell, LA 70458.

Please return to my attention as soon as possible, your speedy review is needed and is gratefully appreciated.

Phillip Liuzza
211 Bishops Dr.
Slidell, LA 70458
985-643-8133
Cell 985-960-1418
Fax 985-641-4719

L.A. S.F.M. PLAN REVIEW

PC# _____ REVIEWER JOE M

READING FILE DATE MO 10 YR 06

ORIG. TO: _____

SENDER * APPL. _____ OWNER _____

CC'S _____

COPY WHAT PGS. 1

B.R. _____ N.O. _____ ALEX _____ LAF. _____

SHREVE. _____ HC FILE _____ HC DEPT. _____

DET FILE _____ HR FILE _____ NON-REQ. SYST. _____

OTHER _____

Thanking you in advance,

Regards,

Phillip Liuzza
Phillip Liuzza

PROJECT MUST BE SUBMITTED BY A LOUISIANA ARCHITECT OR CIVIL ENGINEER. PROVIDE THE COMPLETED ATTACHED APPLICATION, PLANS & REVIEW FEE. SEE ALSO ATTACHED KITCHEN EXHAUST HOOD REQUIREMENTS

NOTE: THIS PROJECT ALSO REQUIRES IBC REVIEW.

Joe Messina 10/19/06

RECEIVED

OCT 17 2006

STATE FIRE MARSHAL
ARCHITECTURAL SECTION

KITCHEN EXHAUST HOOD/DUCT/SUPPRESSION SYSTEM REQUIREMENTS

Whether a part of an initial Architectural review submittal or a requested supplement for information, please provide all information requested. **Failure to provide the required/requested information may result in installation delays.**

- A. Provide a floor plan "drawn to scale" indicating the following information:
1. Hood and cooking appliance location
 2. Total room configuration indicating exit(s) and manual release location
 3. Describe the wall, ceiling, attic, and roof materials (framing material and finishes)

- B. All exhaust hood duct details shall include the following:
1. Hood and duct sizes, metal type, and gauge (thickness)
 2. Filter configuration and type
 3. Listed hood manufacturer cut sheets
 4. Nonlisted hood details to include seam conditions
 5. Hood and duct clearances to adjacent walls, ceiling, rafters, roof deck, etc.
 6. Clearance reduction method/material and pertinent product information
 7. Provide make-up air cfm size and show how provided
 8. Provide exhaust fan cfm in order to document that 500 ft/min. duct velocity (per NFPA 96:5-2.1) is provided on all systems

Formula for Velocity

$$\text{Area of Duct} / 144 = "A"$$

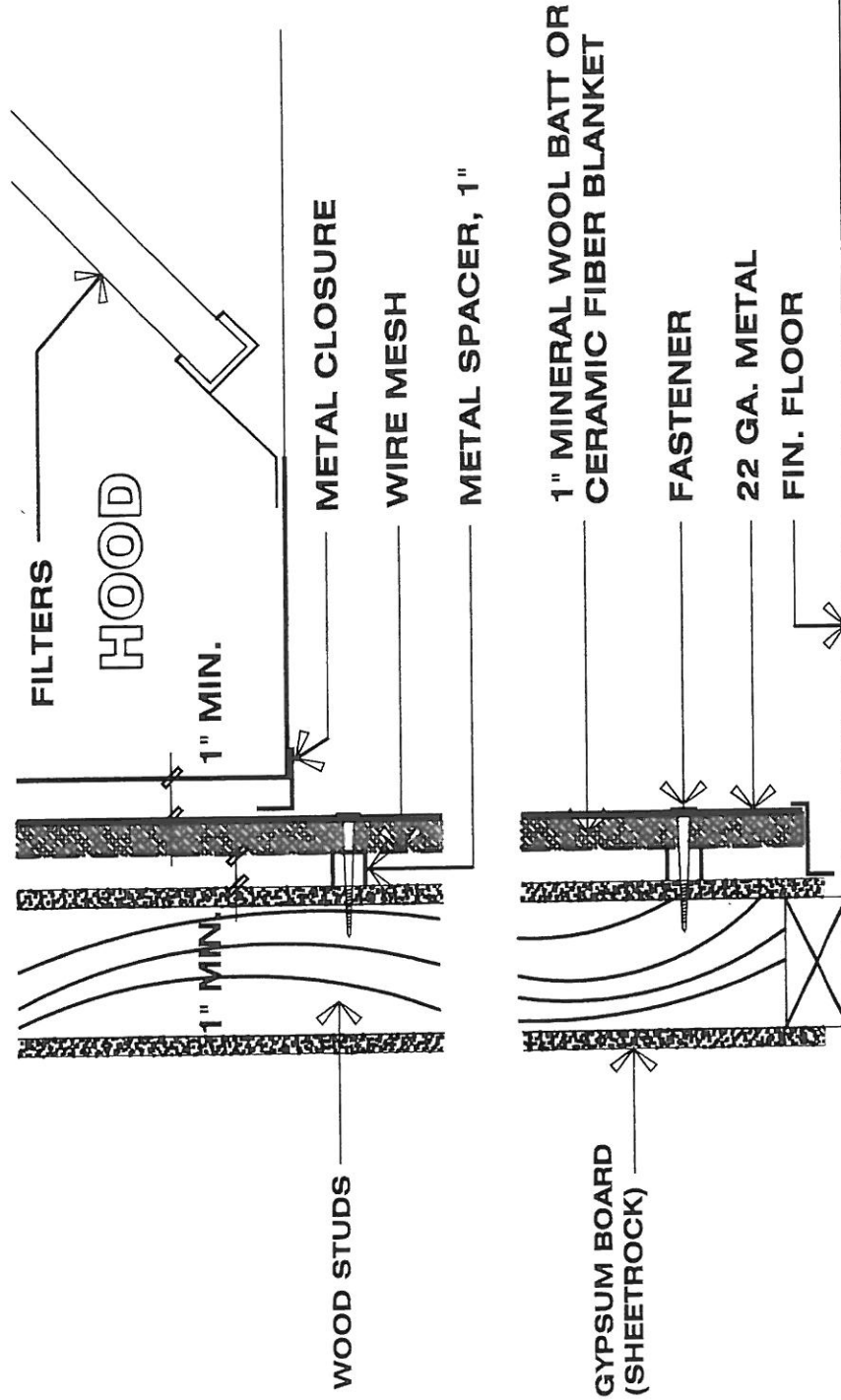
$$\text{Velocity} = \text{exhaust fan cfm} / "A"$$

Sample Calculation

$$20" \times 20" / 144 = 2.77 \text{ sq. ft.}$$

$$5,000 \text{ cfm} / 2.77 = 1,800 \text{ fpm}$$

9. Indicate hood height above finished floor
- C. Suppression system documents shall include the following:
1. Plans and Elevations "drawn to a sufficient scale" illustrating the relationships between supply cylinder(s), chemical distribution piping, nozzles, fusible links, and the actual protected appliance hazard areas.
 2. Provide cooking appliance descriptions, fuel/sources of power, actual hazard sizes
 3. Device legend
 4. Nozzle types, heights above hazards
 5. Piping sizes and lengths



PROVIDE PROTECTION TO THE FLOOR WHERE WOOD STUD WALLS OCCUR. SEE NFPA 96.4.2.4.3

Drawing Prepared By
 THE LOUISIANA STATE FIRE MARSHALS OFFICE

PLAN REVIEW APPLICATION

FIRE MARSHAL USE ONLY DATE RECEIVED
 REVIEWER / BADGE P0

APPLICATION CONTINUES ON REVERSE SIDE

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: _____
 Street Address: _____
 Suite or Space No: _____
 City: _____ State: LA Zip: _____
 Parish: _____
 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: _____ State: LA Zip: _____
 Parish: _____

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 KITCHEN EXHAUST HOOD CONSTRUCTION BUILDING ELECTRICAL SYSTEM SMOKE CONTROL
 CHECK ONLY ONE FIRE ALARM SYSTEM TYPE:
 Local Auxiliary *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 HOOD 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 P0:
 CHECK ONLY ONE IF PROJECT IS A SYSTEM REVIEW, THEN PROVIDE PREVIOUS ARCHITECTURAL REVIEW NUMBER
 PRELIMINARY
 RE-SUBMITTAL PROVIDE PREVIOUS PROJECT REVIEW NUMBER OR PRELIMINARY REVIEW NUMBER P0:
 RENOVATION/ADDITION IF CHANGE OF OCCUPANCY, THEN CHECK NEXT LINE P0:
 PREVIOUS ARCHITECTURAL REVIEW NUMBER, IF APPLICABLE
 CHANGE OF OCCUPANCY WITH OR WITHOUT RENOVATIONS, CHECK HERE PROVIDE P0:
 PREVIOUS ARCHITECTURAL REVIEW NUMBER, IF APPLICABLE
 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: _____
 Existing Sq Ft: _____
 Renovated Sq Ft: _____
 Estimated Cost of this Project: \$ _____
 Calculated Fee Attached: \$ _____
 MONEY ORDERS, CASHIER'S CHECKS, CERTIFIED CHECKS, AND COMPANY CHECKS
 ACCEPTED (NO PERSONAL CHECKS ACCEPTED, EFFECTIVE 9-1-00) ATTACH CHECKLIST
 FOLLOWING OCCUPANCIES REFER TO OVERALL STRUCTURE OR BUILDING
 Main Occupancy: _____
 Secondary: _____
 Thirdly: _____
 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

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:	_____		
Mailing Address:	_____		
City:	_____	State:	Zip: _____
email:	_____		
Telephone 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:	_____		
Name of Firm:	_____		
Mailing Address:	_____		
City:	_____	State:	Zip: _____
email:	_____		
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

	LAST NAME	FIRST NAME	INITIAL
Preparer:	_____		
License No:	_____		Nicet Level: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Name of Firm:	_____		
Firm License No:	_____		
Mailing Address:	_____		
City:	_____	State:	Zip: _____
email:	_____		
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

	LAST NAME	FIRST NAME	INITIAL
Professional:	_____		
LA License No:	_____		
Name of Firm:	_____		
Address:	_____		
City:	_____	State:	Zip: _____
email:	_____		
Telephone No:	_____		Fax No: _____

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

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

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 FLGOR(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 _____
IF DAY CARE USE, THEN CHECK ONE	<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		

ARCHITECTURAL PLAN REVIEW CHECKLIST & FEE SCHEDULE

As an aid to streamline our architectural plan review process, we ask that you complete this checklist, and attach it to your Plan Review Application. Please address each checklist item in your package, whether the item is conveyed on the drawings, specifications, cover letter, etc. Any items not addressed may cause unnecessary delays or project "hold" on your review. Your help, up front, will facilitate a complete submittal package, shorten our review time, and help us to get your project reviewed and returned sooner. Please verify that each numbered item below is: A. in your submittal, B. correct, and C. is coordinated within the submittal (drawings match specifications). Then provide a check mark adjacent to each numbered item or print "N/A" for items not applicable to this submittal. Thank you for your help, in completing and coordinating the items in this checklist.

GENERAL INFORMATION

1. A plan review is required by this office, for all buildings to be constructed, renovated, remodeled, repaired or the occupancy changed. Exception: one or two family dwellings.
2. Plans may only be submitted by the owner, the tenant, an architect, or a civil engineer.
3. A Professional of Record (POR) who is a Louisiana licensed Architect or Civil Engineer is required under the following conditions:
 - A. Drawings and specifications for all buildings, other than private single family and duplex dwellings, shall/must be prepared by a Louisiana licensed architect or civil engineer if so required by the Architects Licensing Law, L.R.S. 37:155.
 - B. A professional of record is required if the new building or occupancy change exceeds the following square footage limits for the following uses:

OCCUPANCY TYPE	SQ. FT. LIMITATION	OCCUPANCY TYPE	SQ. FT. LIMITATION
Non Hazardous Storage	6250	Concentrated Assembly	2650 *
Factory/Industrial	5000	Less Concentrated Assembly	4000
Mercantile/Business/Apartments	4000	High Hazard Storage or Process	1500
Educational/ Day Care	2500	Health Care/Detention	2500

- C. Renovation projects exceeding \$125,000 and affecting life safety must be submitted by an architect or engineer.
- D. If the building changes use (ie storage building changes to church use, etc.), then use schedule above regardless of renovation cost.
4. Drawings and specifications shall comply with the Louisiana Revised Statutes (see Fire Marshal's Act at our web site home page or call this office for hardcopy), the Life Safety Code (NFPA 101) and all promulgated National Fire Codes, the Americans with Disabilities Act Accessibility Guideline (see ADA-AG, under Codes/Rules/Laws at our web site), and applicable parts of Standard Building Code (SBCCI). For applicable editions of the Life Safety Code, the National Fire Codes, and the Standard Building Code, for either new construction or renovated existing construction, please consult LA R.S. Title 55:V:103 (in the Fire Marshal's Act).
5. Additional information (addenda, revisions, change orders, etc.) cannot be added to submittals received and logged in, prior to concurrence from the review architect. Once a review is initiated, any additional information will be reviewed only as a complete new submittal, complete with Plan Review Application and fee (unless directed otherwise by the review architect). Some reviews of additional information may require submission of the entire project.
6. A Preliminary Architectural Plan Review is a service performed by this office, based on a "schematic design" or "design development" package submitted by a Professional of Record (POR). The intent of a Preliminary Review is to provide a life safety evaluation of a POR's preliminary package, prior to the subsequent required Architectural Plan Review. This service is primarily designed for larger, more complicated projects, to allow the State Fire Marshal's intervention, based on the package submitted.

PLAN REVIEW APPLICATION, CHECKLIST & FEE SCHEDULE, AND FEE

- ___ 1. Completed Plan Review Application form and this completed checklist.
- ___ 2. Calculate the required review fee from the Fee Calculation schedule on the reverse side of this page.
- ___ 3. Check or money order (no cash accepted) for plan review fee, payable to the LA Department of Public Safety.
- ___ 5. All items to be sent in one package, unless infeasible. Multiple packages shall be clearly marked as such.
- ___ 6. Brief description of how building is to be used.
- ___ 7. Include all existing documentation, if applicable (inspection report(s), appeal determination letter(s), etc.).

DRAWINGS AND SPECIFICATIONS

- ___ 1. One set of drawings (and specifications, if separate) and, when applicable, stamped by the architect or civil engineer (POR) preparing the documents. Drawings shall be legible blues, photocopies, or computer plots (live ink or pencil applied by hand is

not acceptable). Submittals requiring a POR that are received without the POR stamped seal will be returned without benefit a review.

2. Site plan drawn to scale showing project, distances to nearby buildings, fences, parking, handicapped access
3. Location of hazardous features such as fuel storage tanks or incinerators.
4. Floor plan(s) drawn to scale showing walls and partitions, fire barriers, smoke barriers, openings, door swings, built-in features, changes in elevation such as steps or ramps, dimensions, and the use of each space (room name).
5. Details required to explain construction and/or other features.
6. Exterior elevations, if appropriate.
7. Stair and railing details, plans, & sections.
8. Schedules for doors, windows, hardware, and room finishes.
9. Drawings of heating and air conditioning systems.
10. Electrical drawings showing service, fire alarm, exit lighting and emergency lighting where required.
11. The drawings shall clearly indicate what is existing and what changes are proposed.
12. Floor plans of the entire floor(s) for which work is proposed in this submittal. For all proposed work above the ground floor, (such as in multi-story buildings), provide a ground floor plan showing all required exits.

FEE CALCULATIONS

1. Money orders, cashier's checks, certified checks, and company checks are accepted (NO PERSONAL CHECKS ACCEPTED, EFFECTIVE 9-1-00).
2. All fees indicated below include a \$5.00 charge for postage and handling.
3. Postage and handling fees do not apply to facsimile and exemption requests.
4. State owned projects (projects contracted through LA Facility Planning and Control) are fee exempt (except for Preliminary Plan Reviews - see Item 7., below). Resubmittals, for Not-In Compliance reviews, will be charged a full review fee based on schedules, below. Resubmittals, based on major revisions to a project previously reviewed, will be charged a full review fee based on schedules, below.
5. Municipal projects (city, parish, federal) are charged a total \$20 flat review fee (except for Preliminary Plan Reviews - see Item 7., below). Resubmittals, for Not-In-Compliance reviews, will be charged a full review fee based on schedules, below. Resubmittals, based on major revisions to a project previously reviewed, will be charged a full review fee based on schedules, below.
6. High Rise submittals must be designated on Plan Review Application form in order to accurately determine the plan review fee. Check High Rise box (back of application, at bottom) and indicate number of floors.
7. Fees for Preliminary Plan Reviews are also based on the chart, below. State owned and municipal projects are not exempt from a full fee, when submitting for a Preliminary Plan Review.
8. Fees are based on the chart below, and each submittal must show square footage and occupancy classification.

OCCUPANCY

	SQUARE FEET		FEE	SQUARE FEET		FEE
			\$			\$
ASSEMBLY						
▪ Concentrated (Church, Theater, Stadium)	0	- 2500	55	10001	- 50000	305
▪ Less Concentrated (Restaurant, Gymnasium, Etc.)	2501	- 4500	85	50001	- 100000	405
	4501	- 10000	205	100001	- above	555
EDUCATIONAL and DAY CARE						
▪ Kindergarten through High-School, Adult or Child Day Care Centers	0	- 5000	55	30001	- 80000	225
	5001	- 10000	85	80001	- 150000	325
	10001	- 30000	125	150001	- above	425
HEALTH CARE, INSTITUTIONAL, and DETENTION						
▪ Hospitals, Nursing Homes, Ambulatory Care, Prisons, Jails	0	- 10000	205	50001	- 100000	505
	10001	- 20000	305	100001	- above	705
	20001	- 50000	405	High Rise - all new		855
HOTELS, DORMITORIES, APARTMENTS, LODGINGS, ROOMING HOUSES, and RESIDENTIAL BOARD AND CARE FACILITIES						
	0	- 2500	55	30001	- 80000	305
	2501	- 10000	85	80001	- 150000	405
	10001	- 30000	205	150001	- above	505
				High Rise - all new		705
MERCANTILE						
▪ Mall, Store, Restaurant with less than 50 occupants	0	- 3000	55	30001	- 50000	175
BUSINESS	3001	- 10000	85	50001	- 150000	225
▪ Office Buildings, College Classrooms	10001	- 30000	115	150001	- above	325
				High Rise - all new		525
INDUSTRIAL						
▪ Manufacturing, Processing, Fabricating	0	- 10000	55	50001	- 100000	145
STORAGE and SPECIAL STRUCTURE	10001	- 20000	85	100001	- above	225
Storage Tank	20001	- 50000	115			
▪ Tanks within scope of NFPA 30 installation only				Single Tank		75
Performance-based Review				Multiple Tanks (each additional tank)		30
				Shall be twice the amount of the review fees imposed above plus an additional fee of \$100 (\$50 for resubmission) for smoke control reviews and timed egress.		
Facsimile Transmissions and Records Requests				Paper copies (per page)		2
				Facsimile transmissions (per page)		4
				Digital copies (per diskette)		25
				Database report (base fee) plus		500
				(add on fee per every 1000 records)		100

PLAN REVIEW FEE COMPUTATION SCHEDULE

GENERAL NOTES:

1. Money orders, cashier's checks, certified checks, and company checks are accepted. Personal checks accepted – must include LA driver's license number on check.
2. All fees indicated below include a \$5.00 charge for postage and handling. Postage and handling for Chemical Fire Suppression System Reviews and Sprinkler System Reviews are itemized as indicated in these sections, below.
3. Private Projects:
 - A. Private Projects are all projects other than State Owned Projects, Municipal Projects, and 1 & 2 family dwellings. 1 & 2 family dwellings are not reviewed by this office.
 - B. Private Projects, both full reviews and exemption requests, shall require a review fee in accordance with schedules below.
4. State Projects:
 - A. State Projects are projects contracted through LA Facility Planning and Control.
 - B. State Projects, both full reviews and exemption requests, are fee exempt except for Project Re-submittals – see General Note 7.
5. Municipal Projects:
 - A. Municipal Projects include all city, parish, and federal projects.
 - B. Municipal Projects, both full reviews and exemption requests, are charged a flat review fee of \$20, except for Project Re-submittals – see General Note 7.
6. Appeal Requests:
 - A. Appeal Requests, including all state, municipal, and private work, shall require a review fee in accordance with the "Appeal Requests" schedule below.
 - B. Appeal request fees shall apply to both initial submittal and subsequent appeal submittal(s), if the scope of the subsequent appeal(s) has major revisions.
7. Project Re-submittals:
 - A. Private and Municipal Project Re-submittals, both full reviews and exemption requests, resulting from a Not In Compliance review or denied Exemption Request, will be charged a full review fee based on the schedules below. No fee exemptions are allowed for any Private and Municipal Project Re-submittals.
 - B. State Project Re-submittals for full reviews, resulting from a Not In Compliance review, shall be charged a full review fee based on the schedules below, less \$20. State Project Re-submittals for Exemption Requests shall be charged \$20. No fee exemptions are allowed for any State Project Re-submittal Exemption Requests.
 - C. All project Re-submittals, both full reviews and exemption requests, regarding major life-safety revisions that are subsequent to an "appears to comply" status, will be charged a full review fee based on schedules, below.
8. Preliminary Plan Reviews:
 - A. Preliminary Plan Reviews are available to Professionals of Record and apply to large scale or complex life/safety projects regarding architectural and fire alarm work scopes.
 - B. Preliminary Plan Reviews shall be charged a full review fee based on the Architectural Plan Review and Fire Alarm schedules, below.
 - C. State owned and municipal projects are not exempt from a full fee, when submitting for a Preliminary Plan Review. All Preliminary Plan Reviews are also based on the "Architectural Plan Review" chart, below.
9. Lost Plan Submittals: shall be charged the minimum review fee for
 - A. Lost Plan Submittals apply to all Private, State and Municipal Projects.
 - B. Lost Plan Submittals for Architectural Plan Reviews shall be charged the minimum review fee for the occupancy classification. State and municipal projects are not exempt from a Lost Plan Submittal fee.
 - C. Lost Plan Submittals for all other review types shall be charged the minimum review fee for the associated review type. State and municipal projects are not exempt from a Lost Plan Submittal fee.
10. High Rise submittals must be designated on Plan Review Application form in order to accurately determine the plan review fee. Check High Rise box (back of application, at bottom) and indicate number of floors.
11. Postage and handling fees do not apply to Exemption Requests and Facsimile Transmissions.

PLAN REVIEW FEE COMPUTATION SCHEDULE

ARCHITECTURAL PLAN REVIEW

OCCUPANCY

	SQUARE FEET	FEE \$	SQUARE FEET	FEE \$
ASSEMBLY				
▪ Concentrated (Church, Theater, Stadium)	0 - 2500	55	10001 - 50000	305
▪ Less Concentrated (Restaurant, Gymnasium, Etc.)	2501 - 4500	85	50001 - 100000	405
EDUCATIONAL and DAY CARE	4501 - 10000	205	100001 - above	555
▪ Kindergarten through High-School, Adult or Child Day Care Centers	0 - 5000	55	30001 - 80000	225
	5001 - 10000	85	80001 - 150000	325
	10001 - 30000	125	150001 - above	425
HEALTH CARE, INSTITUTIONAL, and DETENTION	0 - 10000	205	50001 - 100000	505
▪ Hospitals, Nursing Homes, Ambulatory Care, Prisons, Jails	10001 - 20000	305	100001 - above	705
	20001 - 50000	405	High Rise - all new	855
	0 - 2500	55	30001 - 80000	305
HOTELS, DORMITORIES, APARTMENTS, LODGINGS, ROOMING HOUSES, and RESIDENTIAL BOARD AND CARE FACILITIES	2501 - 10000	85	80001 - 150000	405
	10001 - 30000	205	150001 - above	505
	0 - 3000	55	High Rise - all new	705
MERCANTILE	3001 - 10000	85	30001 - 50000	175
▪ Mall, Store, Restaurant with less than 50 occupants	10001 - 30000	115	50001 - 150000	225
BUSINESS			150001 - above	325
▪ Office Buildings, College Classrooms	0 - 10000	55	High Rise - all new	525
INDUSTRIAL	10001 - 20000	85	50001 - 100000	145
▪ Manufacturing, Processing, Fabricating	20001 - 50000	115	100001 - above	225
STORAGE and SPECIAL STRUCTURE				
Performance-based Review				

Shall be twice the amount of the review fees imposed above plus an additional fee of \$100 (\$50 for resubmission) for smoke control reviews and timed egress.

Paper copies (per page)	2
Facsimile transmissions (per page)	4
Digital copies (per diskette)	25
Database report (base fee) plus (add on fee per every 1000 records)	500
Per request	100
Handicapped Accessibility	20
Life Safety / Fire Code Appeals	25
Smoke Control Reviews (\$50 for resubmission)	100
Timed Egress (\$50 for resubmission)	100
Other Appeals (\$50 for resubmission)	100

Facsimile Transmissions and Records Requests

Exemption Requests and "Go-To -Work" Requests

Appeal Requests

▪ Note: Charge is per appeal letter type, not per each issue where multiple issues are addressed in a single letter.

ENERGY CONSERVATION REVIEW

\$0 if submitted with architectural plan review package, otherwise fee is \$20 for separate review.

ELECTRICAL SYSTEM REVIEW

\$0 if submitted with architectural plan review package, otherwise refer to Architectural Fee Schedule.

KITCHEN EXHAUST HOOD CONSTRUCTION

(DOES NOT INCLUDE CHEMICAL SUPPRESSION SYSTEM)
\$0 if submitted with architectural plan review package, otherwise fee is \$55 for separate review.

FIRE ALARM SYSTEM REVIEW

(DEVICES LIMITED TO VISUAL NOTIFICATION DEVICES, SYSTEM SMOKE DETECTORS, AND SYSTEM HEAT DETECTORS ONLY)

ITEM	REVIEW FEE \$
Number of devices 1 - 25	\$75
Number of devices 26 - 50	\$105
Number of devices 51 - 75	\$135
Number of devices 76 - 100	\$165
Number of devices 101 - above	\$165

Calculated fee attached \$165 + \$30 for each additional group of 1 to 25 devices over 100 = TOTAL \$

PLAN REVIEW FEE COMPUTATION SCHEDULE

STORAGE TANK SYSTEM REVIEW (FOR FLAMMABLE OR COMBUSTIBLE LIQUIDS)

ITEM	NUMBER OF TANKS		REVIEW FEE \$	SUB TOTAL FEES \$			
Single tank	0	1	x \$75	=	\$		7 5
Each additional tank (2 and above)			x \$30	=	\$		
Calculated fee attached				=	TOTAL \$		

CHEMICAL FIRE SUPPRESSION SYSTEM REVIEW

ITEM	NUMBER OF SYSTEMS		REVIEW FEE \$	SUB TOTAL FEES \$			
Number of devices	1	- 10	x \$30	=	\$		
Number of devices	11	- 25	x \$60	=	\$		
Number of devices	26	- 50	x \$120	=	\$		
Number of devices	51	- 75	x \$180	=	\$		
Number of devices	76	- 100	x \$200	=	\$		
Number of devices	101	- above	x \$300	=	\$		
Sets of calculations			x \$40	=	\$		
Add for fee increase plus postage and handling				+	\$		2 5
Calculated fee attached				=	TOTAL \$		

SPRINKLER SYSTEM REVIEW

ITEM	NUMBER OF FLOORS		REVIEW FEE	SUB TOTAL FEES			
Sprinkler heads per floor	1	- 50	x \$30	=	\$		
Sprinkler heads per floor	51	- 300	x \$60	=	\$		
Sprinkler heads per floor	301	- 450	x \$120	=	\$		
Sprinkler heads per floor	541	- above	x \$150	=	\$		
Sets of hydraulic calculations			x \$40	=	\$		
Add for fee increase plus postage and handling				+	\$		2 5
Calculated fee attached				=	TOTAL \$		