

PO417644

**BUILDING MODIFICATIONS
 REQUEST FOR EXEMPTION FROM FULL PLAN REVIEW**

FIRE MARSHAL USE ONLY: DATE RECEIVED
 REVIEWER / BADGE: P0:

PLEASE SEE INSTRUCTIONS AND REQUIREMENTS ON REVERSE SIDE OR ATTACHED PAGE

PROVIDE INFORMATION ON THE NAME OF THIS SPECIFIC PROJECT

1. Project Information

PART 1. REQUIRED FOR ALL SUBMITTALS PLEASE PRINT BLACK OR BLUE INK ONLY

Project Name: DANCO Consignment
 Street Address: 616 ROBERT BLVD Suite or Space No:
 City: SLIDELL State: LA Zip: 70458
 Parish: ST. TAMMANY Within city limits? Yes No

PROVIDE INFORMATION ON THE OVERALL STRUCTURE OR BUILDING, IF DIFFERENT THAN ABOVE.

2. Structure Information (Overall Building)

Building Name: _____
 Street Address: _____ State: LA Zip: _____
 City: _____

PROVIDE INFORMATION ON THE OWNER OF THE OVERALL STRUCTURE FOR THIS PROJECT.

3. Owner Information

PART 3. REQUIRED FOR ALL SUBMITTALS

Owner: SEALS ERIC E-mail: _____
 Name of Firm: DANCO Consignment
 Mailing Address: 616 ROBERT BLVD State: _____ Zip: 70458
 City: _____
 Work Telephone: 985-630-6748 Cell: _____ Fax: _____

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

4. Tenant Information

Tenant: _____ E-mail: _____
 Name of Firm: _____
 Mailing Address: _____ State: _____ Zip: _____
 City: _____
 Work Telephone: _____ Cell: _____ Fax: _____

PROVIDE INFORMATION ON THE PROFESSIONAL OF RECORD FOR THIS PROJECT.

5. Professional of Record Information

Professional: _____ E-mail: _____
 Firm Name: _____
 Mailing Address: _____ State: _____ Zip: _____
 City: _____
 Work Telephone: _____ Cell: _____ Fax: _____

STATE FIRE MARSHAL USE ONLY

Determination Reply

Accepted
 Denied
 Date 7/11/12

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:

INSTALLING TENANT DEMISING WALL

SCOPE OF WORK / REMARKS:

APPLICANT: TELEPHONE THE FOLLOWING DISTRICT TO SCHEDULE FINAL INSPECTION

- Baton Rouge 225-925-3650 800-256-5452
- New Orleans 504-568-8506 855-335-8044
- Lafayette 337-886-1273 800-554-0006
- Shreveport 318-676-7145 888-634-7682
- Health Care 225-925-4720 800-256-5452