

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: 3/26/2014
 SFM ARCHITECTURAL REVIEW NUMBER
PO 442704
 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) Textron Marine and Land Systems PROJECT FLOOR _____
 NAME OF BUILDING/SHOPPING CENTER _____ TOTAL NO OF FLOORS IN BUILDING _____
 PHYSICAL LOCATION OF PROJECT ADDRESS (Street/Suite) 252 Stone Rd EXEMPTION RESUBMITTAL? YES NO
 INSIDE CITY LIMITS CITY Slidell PARISH _____ STATE LA ZIP CODE _____
 OUTSIDE CITY LIMITS PREVIOUS REVIEW NUMBER: _____

OWNER INFORMATION (or Professional of Record if applicable):

NAME KEVIN KINGHEU SIGNATURE [Signature] LIC. NUMBER 5590 PHONE (985) 649-5332
 MAILING ADDRESS 554 OLD SPANISH TRAIL FAX () _____
 CITY SLIDELL STATE LA ZIP CODE 70558
 EMAIL ADDRESS Kevin@dammonengineering.com

SPRINKLER SYSTEM INFORMATION

OCCUPANCY CLASS (NFPA 101 Chapter) <u>Commodity IV</u>		HAZARD CLASS (Per NFPA 13) <u>Commodity IV</u>		PUMP INFORMATION		PLACARD INFORMATION		TOTAL NUMBER OF EXEMPTION SPRINKLERS <u>36</u>	
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) <u>70</u>	FLOW (psi) <u>1000</u>	ESFR 30psi <u>960</u>	GSM/SF OVER _____	SF. WITH DEMAND OF _____	AREA COVERED BY THIS EXEMPTION (sf) <u>38,000</u>
WATER SOURCE <input checked="" type="checkbox"/> MUNICIPAL <input type="checkbox"/> PRIVATE	WATER SUPPLY DATA _____	STATIC (PSI) _____	RESIDUAL (PSI) _____	FLOW (GPM) _____	TEST DATE _____	PSI AT _____	GPM AT _____	COST OF WORK TO BE DONE <u>9,000</u>	

DESCRIPTION OF WORK
 Warehouse is having a wall from floor to deck installed, the hazard on each side remains the same. Aprox 36 upright sprinklers need to be relocated or to be added to maintain coverage.

SPRINKLER MFG. Central MODEL ESFR-1 SIN NO TY6226 TYPE Pend TEMPERATURE 160 ORIFICE SIZE 3/4"

EFFECT ON SYSTEM None per C.M. This is a warehouse that is having a wall installed down the middle. The hazard remains the same on each side. Approx 36 Heads will be added or relocated to keep proper coverage.
Change is small compared to overall bldg area URB 3/26/14

SPRINKLER SYSTEM CONTRACTOR/ ENGINEER/ DESIGNER (not the POR) (Licensed Plumber if 1 Head)

NAME Clayton Miller EMPLOYEE STATE LIC. NUMBER E14094 PHONE (504) 736-0008
 SIGNATURE [Signature] FAX (504) 736-0030
 FIRM NAME Herbert S. Hiller
 FIRM ADDRESS 401 Commerce Point, Harahan, LA 70123 FIRM LICENSE NUMBER E106
 CONTACT PERSON Clayton Miller EMAIL ADDRESS cmiller@hillercompanies.com

REPLY FOR FIRE MARSHAL USE ONLY	PROJECT NO. <u>447996</u>	<input type="checkbox"/> DENIED - RESUBMIT	<input type="checkbox"/> CHECK IF INSPECTION IS REQUIRED
	REVIEWER <u>Burd</u>	<input checked="" type="checkbox"/> ACCEPTED	CONTACT THE INDICATED DISTRICT OFFICE FOR FINAL INSPECTION
	DATE RECEIVED <u>3/26/14</u>	<u>Shomil/Paurel</u>	<input type="checkbox"/> HEALTH CARE DIVISION
THIS EXEMPTION REQUEST IS VALID FOR 180 DAYS FROM DATE OF RESPONSE. INSTALLATION MUST COMMENCE WITHIN THIS TIME PERIOD.		UPDATED 01/13/2014	<input type="checkbox"/> BATON ROUGE 800-256-5452
			<input type="checkbox"/> LAFAYETTE 800-554-0006
			<input checked="" type="checkbox"/> NEW ORLEANS 855-335-8044
			<input type="checkbox"/> SHREVEPORT 888-634-7682

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