

STATE OF LOUISIANA  
DEPARTMENT OF PUBLIC SAFETY-OFFICE OF THE 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

# PLAN REVIEW APPLICATION

## 1. LSUCC REVIEW WILL BE PROVIDED BY:

- THIRD PARTY REVIEW (provide document stating a third party review will be performed)
- REVIEW BY LOCAL BUILDING OFFICIAL (provide document from building official stating review to be done by the local jurisdiction)
- OFFICE OF THE STATE FIRE MARSHAL (see application for list of eligible jurisdictions)

DATE RECEIVED

PROVIDE INFORMATION ON THE NAME OF THIS SPECIFIC PROJECT, TENANT, LEASE SPACE, SCOPE OF WORK, ETC.

## 2. PROJECT INFORMATION

PART 1 REQUIRED FOR ALL SUBMITTALS ATTACH APPLICABLE CHECKLIST & FEE SCHEDULE PLEASE PRINT (BLACK OR BLUE INK, ONLY)

Project Name: Textron Warehouse Dry Sprinkler  
 Street Address: 261 Stone Road  
 Suite/Space No: \_\_\_\_\_  
 City: Slidell State: LA Zip: 70458  
 Parish: St. Tammany Within city limits?  Yes  No

PROVIDE INFORMATION ON THE OVERALL STRUCTURE OR BUILDING THAT THIS PROJECT IS WITHIN, IF DIFFERENT FROM ABOVE

## 3. STRUCTURE INFORMATION (Overall Building)

Building Name: Textron Marine and Land  
 Street Address: 252 Stone Road  
 City: Slidell State: LA Zip: 70458  
 Parish: St. Tammany Number of building floors: \_\_\_\_\_ Project on which floor(s): \_\_\_\_\_

## 4. PURPOSE OF APPLICATION

**DHH LICENSE WILL BE REQUIRED**

PART 3 REQUIRED FOR ALL SUBMITTALS

System Type: CHECK ONLY ONE

ARCHITECTURAL REVIEW  ARCHITECTURAL LIFE SAFETY  ADA-AG ACCESSIBILITY  ENERGY CONSERVATION  
 FIRE ALARM SYSTEM REVIEW  KITCHEN EXHAUST HOOD CONSTRUCTION  PAINT BOOTH CONSTRUCTION  
 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 THE CENTRAL STATION UL LISTING TO THIS APPLICATION

KITCHEN HOOD WET CHEMICAL SUPPRESSION SYSTEM REVIEW

FIRE SUPPRESSION SYSTEM REVIEW  SPRINKLER  DRY CHEMICAL  CLEAN AGENT  HALON  
 CHECK SYSTEM TYPE  PAINT SPRAY BOOTH  FOAM WATER

STORAGE TANK FOR FLAMMABLE OR COMBUSTIBLE LIQUIDS: NUMBER OF TANKS: \_\_\_\_\_ ABOVE GROUND  
 \_\_\_\_\_ BELOW GROUND

SOLID WASTE EMERGENCY RESPONSE PLAN  
 SKIP TO AND COMPLETE SECTIONS 6 AND 7 ONLY

Review Type:

NEW CONSTRUCTION IF PROJECT IS A SYSTEM REVIEW, THEN PROVIDE PREVIOUS ARCHITECTURAL REVIEW NUMBER PO \_\_\_\_\_

REHABILITATION (Renovation, addition, or CHANGE OF OCCUPANCY) PREVIOUS ARCHITECTURAL REVIEW NUMBER, IF APPLICABLE. PO 460939

DHH Licensed Project (See IM 2011-06) PREVIOUS ARCHITECTURAL REVIEW NUMBER, IF APPLICABLE PO \_\_\_\_\_

BUILDING FOUNDATION, ONLY PREVIOUS BUILDING FOUNDATION REVIEW NUMBER PO \_\_\_\_\_

BUILDING SHELL, ONLY PREVIOUS BUILDING FOUNDATION REVIEW NUMBER PO \_\_\_\_\_

RE-SUBMITTAL PREVIOUS PROJECT REVIEW NUMBER PO \_\_\_\_\_

PRELIMINARY RESERVED FOR LARGE PROJECTS; MUST HAVE SFM PRE-APPROVAL TO SUBMIT

INDUSTRIALIZED BUILDING / MANUFACTURED HOUSING PO \_\_\_\_\_

PROVIDE COST AND SQUARE FOOTAGE AREAS OF THIS PROJECT OR SYSTEM - FOR SYSTEMS, ENTER ONLY SYSTEM COST

## 5. PROJECT DETAILS

PART 4 REQUIRED FOR ALL SUBMITTALS

New Sq. Ft.: \_\_\_\_\_ Estimated Cost of this Project: \$ \_\_\_\_\_  
 Existing Sq. Ft.: \_\_\_\_\_ Calculated Fee Attached: \$ \_\_\_\_\_  
 Renovated Sq. Ft.: \_\_\_\_\_ MONEY ORDERS, CASHIER'S CHECKS, CERTIFIED CHECKS, COMPANY CHECKS, PERSONAL CHECKS, ACCEPTED (NO TEMPORARY CHECKS)

SELECT ONE OR MORE OF THE FOLLOWING OCCUPANCIES AND PRINT BELOW:

THE FOLLOWING OCCUPANCIES REFER TO OVERALL STRUCTURE OR BUILDING

ASSEMBLY	EDUCATIONAL	DAY CARE	HEALTH CARE	DETENTION	HOTEL	DORMITORY	MERCANTILE
BOARD AND CARE	APARTMENT LODGING/ROOMING	BUSINESS	INDUSTRIAL	STORAGE	UNUSUAL		

Main Occupancy: \_\_\_\_\_ Sq. Ft.: \_\_\_\_\_  
 Secondary: \_\_\_\_\_ Sq. Ft.: \_\_\_\_\_  
 Thirdly: \_\_\_\_\_ Sq. Ft.: \_\_\_\_\_

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

6. OWNER INFORMATION

- Title II Facility (State of Local funding involved)
Private Funding

PART 5 REQUIRED FOR ALL SUBMITTALS

Owner: LAST NAME, FIRST NAME, INITIAL
Name of Firm: Textron Marine and Land
Mailing Address: 1010 Gause Blvd
City: Slidell
Contact Person: Daniel Latournerie
Telephone No: (985) 661-3809

PROVIDE INFORMATION ON THE TENANT OF THIS SPECIFIC PROJECT IF DIFFERENT THAN OWNER

7. TENANT INFORMATION

Tenant: LAST NAME, FIRST NAME, INITIAL
Name of Firm: Same
Mailing Address:
City:
Contact Person:
Telephone No:
Cell No:
Fax No:

NOTE: FOR FIRE ALARM, SPRINKLER, OF FIRE SUPPRESSION SUBMITTALS ONLY

8. PREPARER OF SHOP DRAWINGS INFORMATION

- SFM Licensed Contractor
State Licensed Contractor

Qualifier: LAST NAME, FIRST NAME, INITIAL
Qualifier Lic. No.: E14094
Name of Firm: Herbert S. Hiller
Firm License No.: F106
Mailing Address: 401 Commerce Point
City: Harahan
Owner of Firm: Danny Brown
Telephone No: (504) 736-0008

PROVIDE INFORMATION ON THE PROFESSIONAL OF RECORD FOR THIS PROJECT

9. PROFESSIONAL OF RECORD INFORMATION

- Architect
Civil Engineer
EE/ME/FP Engineer

Professional: LAST NAME, FIRST NAME, INITIAL
LA License No.: 5590
Name of Firm: Dammon Engineering, Inc
Address: 554 Old Spanish Trail
City: Slidell
Firm Owner: Maxine Dammon
Telephone No: (985) 649-5832

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

10. GOVERNMENT AND MUNICIPAL PROJECTS

- State Owned Project
Municipal Project
Other (Private Owned)

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

11. ENERGY CODE REVIEW

- YES, ENERGY CODE ATTACHED
NO ENERGY CODE ATTACHED

CHECK ALL ITEMS THAT APPLY TO THIS PROJECT OR EXISTING BUILDING

NEW CONSTRUCTION, VOICE EVACUATION, FIRE ALARM SYSTEM, SPECIAL LOCKING, TENANT BUILDING, SPRINKLER SYSTEM, HIGH RISE BUILDING, HIGH RISE TENANT BUILDING, KITCHEN HOOD, CHEMICAL FIRE SUPPRESSION, PROMPT EVACUATION CAPABILITY, SLOW EVACUATION CAPABILITY, IMPRACTICAL EVACUATION CAPABILITY, 3 TO 6 CLIENTS, 7 TO 12 CLIENTS, 13 OR MORE CLIENTS, ACCOMMODATIONS FOR MORE THAN 16 PEOPLE, ACCOMMODATIONS FOR 16 OR LESS PEOPLE