

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:

Street Address:

Suite/Space No:

City:

Parish:

State: LA

Zip:

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:

Street Address:

City:

Parish:

State: LA

Zip:

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

KITCHEN EXHAUST HOOD CONSTRUCTION

FIRE ALARM SYSTEM REVIEW

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

DHH Licensed Project (See IM 2011-06)

PREVIOUS ARCHITECTURAL REVIEW NUMBER, IF APPLICABLE

PO

BUILDING FOUNDATION, ONLY

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.:

Existing Sq. Ft.:

Renovated Sq. Ft.:

Estimated Cost of this Project:

\$

Calculated Fee Attached:

\$

MONEY ORDERS, CASHIER'S CHECKS, CERTIFIED CHECKS, COMPANY CHECKS, PERSONAL CHECKS, ACCEPTED (NO TEMPORARY CHECKS)

THE FOLLOWING OCCUPANCIES REFER TO OVERALL STRUCTURE OR BUILDING

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

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:					
Mailing Address:					
City:			State: LA	Zip:	
Contact Person:			Email:		
Telephone No:	Cell No:	Fax No:			
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:					
Mailing Address:					
City:			State: LA	Zip:	
Contact Person:			Email:		
Telephone No:	Cell No:	Fax No:			
NOTE:				SFM Licensed Contractor	
FOR FIRE ALARM, SPRINKLER, OF FIRE SUPPRESSION SUBMITTALS ONLY	8. PREPARER OF SHOP DRAWINGS INFORMATION			State Licensed Contractor	
Qualifier	LAST NAME	FIRST NAME	INITIAL		
Qualifier Lic. No.:	Signature:				
Name of Firm:					
Firm License No.:					
Mailing Address:					
City:			State: LA	Zip:	
Owner of Firm:			Email:		
Telephone No:	Cell No:	Fax No:			
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.:					
Name of Firm:					
Address:					
City:			State: LA	Zip:	
Firm Owner			Email:		
Telephone No:	Cell No:	Fax No:			
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 APPICABLE 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	SPECIAL LOCKING	HIGH RISE BUILDING	NUMBER OF FLOORS IN BLDG	
	VOICE EVACUATION	TENANT BUILDING	HIGH RISE TENANT BUIDLING		
	FIRE ALARM SYSTEM	SPRINKLER SYSTEM	KITCHEN HOOD	PROJECT ON WHICH FLOOR(S)	
			CHEMICAL FIRE SUPPRESSION		
IF BOARD AND CARE USE, THEN CHECK ONE	PROMPT EVACUATION CAPABILITY	SLOW EVACUATION CAPABILITY	IMPRACTICAL EVACUATION CAPABILITY	NUMBER OF RESIDENTS	
IF DAY CARE USE, THEN CHECK ONE	3 TO 6 CLIENTS	7 TO 12 CLIENTS	13 OR MORE CLIENTS		
IF HOTEL, DORM, LODGIN OR ROOMING, THEN CHECK ONE	ACCOMODATIONS FOR MORE THAN 16 PEOPLE		ACCOMODATIONS FOR 16 OR LESS PEOPLE		