

# PROPOSED EQUIVALENCY to CODE – REQUEST for APPEAL

1.  PRIOR TO PLAN REVIEW SUBMITTAL  AFTER PLAN REVIEW

ASSOCIATED EXISTING PROJECT: P0 AR-26-005248

EXISTING PROJECT NAME: Foggy Waters Marina

## 2. REVIEW TYPE: PROPOSED EQUIVALENCY to CODE – REQUEST for APPEAL

3. Project Name: Foggy Waters Marina

Street Address: 58047 La 433

Suite or Space No: \_\_\_\_\_

City: \_\_\_\_\_ Within city limits?  Yes  No

State: LA Zip: 70460 - \_\_\_\_\_ Parish: St. Tammany

- Complete the following --- if the Building has more than one story?

Number of Stories: One Project is on which floor(s)? Ground Floor

Is this a high-rise building?  Yes  No

*A high rise is defined as a building with 7 stories or more or 75 ft high or taller.*

Estimated Cost of Project: \$ 110,000.00

Project Description: This is an existing 4,118 sq.ft. tackle store/warehouse of the 2,777 sq. ft. warehouse in the rear it will be converted into a bar area for entertainment with new restrooms being added. No indoor cooking at this site.

4. Select Appeal Type/Deficiency Type/Sub-Type:

A)  Life Safety Fire Protection

Means of Egress

- Separation and Protection
- Egress Capacity
- Number of Means of Egress
- Arrangement
- Travel Discharge
- Exit Discharge

Area of Refuge

Fire Protection Construction/Compartmentation

- Fire Barrier Requirements
- Smoke Partitions/Barriers
- Vertical Opening Protection
- Special Hazard Protection
- Travel Discharge
- Exit Discharge

Heating Ventilation and Air Conditioning

Fire Alarm Requirements

Automatic Sprinkler System Requirements

- General
- Technical

Suppression System Requirements

Interior Finish

Other

4. Select Appeal Type/Deficiency Type/Sub-Type: (cont.)

- B)  Accessibility**
  - General Accessibility
  - Accessible Routes
  - Parking
  - Toilet Rooms
  - Bathing Rooms
  - Reach Range
  - Clear Floor Space
  - Changes in Level
  - Doors
  - Ramps
  - Stairs
  - Handrails
  - Other
- C)  Subsequent Appeal**
- D)  Product Evaluation**
- E)  Building Code Equivalencies for Industrialized Buildings**
- F)  Smoke Generation and/or Timed Egress Flow Analysis**

5. Description of Deficiency: Plan review application deficiencies cited on project.

RS 40:1574 and/or RS 40:1730.39.A Additional drawings and/or specifications are required:

1. The building is not provided with an automatic sprinkler system. The system is required by NFPA 101:12.3.5.1 and is not required by IBC section

12.3.5.1 the following assembly occupancies shall be protected throughout by an approved, supervised automatic sprinkler system in accordance with 9.7.1.1(1):

(1) Dance Halls

(2) Discotheques

(3) Nightclubs

6. Proposed Equivalency: Since the State Of Louisiana is not going to follow the NFPA 101 requirements for this occupancy, A2, as of July 2026 but will start following the 2021 IBC Section 903.

We are requesting a code equivalency to mitigate the NFPA deficiency and not provide a supervised sprinkler system. Per 2021 IBC Table 1004.5 maximum floor area allowances per occupant unconcentrated (tables and chairs) =15 net 1419 net sq. ft. / 15 = 95 occupants

7. Select your Architectural Review Type:

- New Construction
  - Complete Build-out
  - Partial Build-out
  - Foundation Only
  - Shell
- Renovation or Addition to an Existing Building
  - Alteration Level 1 (Minor alterations or repairs)
  - Alteration Level 2 (<50% of the square foot age of the building)
  - Alteration Level 3 (50% or more of the square foot age of the building)
  - Addition(s)
  - Change in use of the building
  - Kitchen Exhaust Hood Construction
  - Paint Booth Construction
  - Generator Installation Level I/Level II
    - Level I
    - Level II
  - Clean Agent Room Construction
- Temporary Construction Building Installation or Tents Number of Temporary Buildings or Tents: \_\_\_\_\_  
Number of Months Building or Tent will be Utilized: \_\_\_\_\_
- Are you pursuing a DHH License for a Healthcare facility?  Yes  No

8. LOUISIANA STATE UNIFORM CONSTRUCTION CODE

- Office of State Fire Marshal (*ELIGIBLE JURISDICTIONS ONLY*)
- Parish or Municipal Permitting Office
- Registered Third Party Provider
- Third Party Provider's LSUCCC Registration Number: \_\_\_\_\_

9. OCCUPANCY CLASSIFICATION(s)

- ASSEMBLY 1651 square feet
  - 50 TO 299 OCCUPANTS       300 TO 499 OCCUPANTS
  - 500 TO 999 OCCUPANTS       1,000 OCCUPANTS OR MORE
  - Group A-1     Group A-2     Group A-3     Group A-4     Group A-5
- INSTITUTIONAL \_\_\_\_\_ square feet
  - Group I-1 (Group ~~Ce~~)
  - Group I-2 (Health Care)
    - HOSPITAL     LIMITED CARE FACILITY     NURSING HOME
  - Group I-3 (Detention/Correction)
    - CONDITION 1     CONDITION 2     CONDITION 3     CONDITION 4
  - Group I-4 (Day-Care)
    - Number of Children over 2-1/2 years of age: \_\_\_\_\_
    - Number of Children 2-1/2 years of age or less: \_\_\_\_\_
    - Number of Adults (if Adult Day Care): \_\_\_\_\_

- BUSINESS \_\_\_\_\_ square feet
- MERCANTILE \_\_\_\_\_ square feet
  - Class A (>30,000 sq. ft.)
  - Class B (Between 3,000 and 30,000 sq. ft.)
  - Class C (<3,000 sq. ft.)
- EDUCATIONAL OR DAY-CARE \_\_\_\_\_ square feet
  - School/Classroom
  - Day Care

Number of Children over 2-1/2 years of age: \_\_\_\_\_

Number of Children 2-1/2 years of age or less: \_\_\_\_\_

Number of Adults (if Adult Day Care): \_\_\_\_\_

- RESIDENTIAL \_\_\_\_\_ square feet
  - Group R-1 (Hotel/Motel - Primarily Transient)
  - Group R-2 (Apartments- Primarily Permanent)
  - Group R-3 (Small Miscellaneous)
  - Group R-4 (Small Residential Care for <16 Occupants)
  - Number of Occupants: \_\_\_\_\_
- FACTORY / INDUSTRIAL \_\_\_\_\_ square feet
  - Group F-1 (Moderate Hazard)
  - Group F-2 (Low Hazard)
  - High Hazard
    - GROUP H-1 DETONATION HAZARD
    - GROUP H-2 DEFLAGRATION HAZARD
    - GROUP H-3 COMBUSTIBLE HAZARD
    - GROUP H-4 HEALTH HAZARD
    - GROUP H-5 HAZARDOUS PRODUCTION MATERIALS

- STORAGE \_\_\_\_\_ square feet
  - GROUP S-1 (Moderate Hazard) → Identify the materials to be stored: \_\_\_\_\_
  - GROUP S-2 (Low Hazard) → \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- HIGH HAZARD **STORAGE**
  - GROUP H-1 DETONATION HAZARD
  - GROUP H-2 DEFLAGRATION HAZARD
  - GROUP H-3 COMBUSTIBLE HAZARD
  - GROUP H-4 HEALTH HAZARD
  - GROUP H-5 HAZARDOUS PRODUCTION MATERIALS

- UTILITY / MISCELLANEOUS \_\_\_\_\_ square feet
 

Provide a Description of Use: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



TOTAL SQUARE FEET OF THE AREA UNDER REVIEW: 3380 SQ FT

**10. ADDITIONAL FEATURES**

(Select ALL applicable fire protection or occupancy features that are associated with this project)

- Sprinkler System – 13
- Sprinkler System – 13 D
- Sprinkler System – 13 R
- Kitchen Hood Fire Suppression System
- Boiler(s)
- Clean Agent
- Covered Mall Building
- Underground Building
- Stage or Platform
- Aircraft Related
- Owned and Operated By a Religious Entity
- Fire Alarm System
- Special Locking System(s)
- Paint Booth
- Casino/Gaming Area
- Atrium
- Motor-Vehicle Related
- Special Amusement
- Hazardous Materials
- University / College
- Emergency Shelter
- Generator (Required)
- Generator (Non-Required)
- Ambulatory Health Care

**11. CONSTRUCTION TYPE**

- V-B / V(000) (NON-RATED WOOD)
- V-A / V(111) (FIRE-RATED WOOD)
- IV-HT / IV(2HH) (HEAVY TIMBER)
- III-B / III(200) (COMBINATION WOOD/STEEL/CONC)
- III-A / III(211) (COMBINATION WOOD/STEEL/CONC)
- II-B / II(000) (NON-RATED STEEL/CONC)
- II-A / II(111) (1 HOUR RATED STEEL/CONC)
- I-B / II(222) (2 HOUR RATED STEEL/CONC)
- I-A / I(332) (3 HOUR RATED STEEL/CONC)
- I-A / I(442) (4 HOUR RATED STEEL/CONC)
- Not Provided / Unknown

**12. APPLICANT(S) (P.O.R. / OWNER / TENANT / CONTRACTOR / ADDITIONAL CONTACT)**

**PROFESSIONAL OF RECORD**

P.O.R is a Louisiana Licensed  Engineer Louisiana License Number: \_\_\_\_\_  
 Architect Louisiana License Number: A-7731

Simoneaux Jared M  
 LAST NAME FIRST NAME MIDDLE NAME SUFFIX

985-649-5832 jsimoneaux@jms-consulting.net  
 PHONE FAX EMAIL

71588 Jefferson Ave  
 STREET ADDRESS

71588 St. Tammany Covington La  
 ZIP Code PARISH/COUNTY CITY STATE

**OWNER**

Jinnah Kamran  
 LAST NAME FIRST NAME MIDDLE NAME SUFFIX

Foggy Waters Marina Kamran.Jinnah@foggywatersmarina.com  
 NAME OF FIRM PHONE FAX EMAIL

58047 La. 433  
 STREET ADDRESS

70460 St. Tammany Slidell LA  
 ZIP Code PARISH/COUNTY CITY STATE

**TENANT**

N/A  
 LAST NAME FIRST NAME MIDDLE NAME SUFFIX

NAME OF FIRM PHONE FAX EMAIL

STREET ADDRESS

ZIP Code PARISH/COUNTY CITY STATE

**CONTRACTOR**

N/A

LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
NAME OF FIRM	PHONE	FAX	EMAIL
STREET ADDRESS			
ZIP Code	PARISH/COUNTY	CITY	STATE

**ADDITIONAL CONTACT**

N/A

LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
NAME OF FIRM	PHONE	FAX	EMAIL
STREET ADDRESS			
ZIP Code	PARISH/COUNTY	CITY	STATE

**13. DOCUMENTS PROVIDED FOR REVIEW**

- Correspondence     Plans     Shop Drawings     Specifications     Photographs

**This section allows the applicant (any owner, professional of record, contractor, developer, or manufacturer) to clearly identify all records containing proprietary or trade secret information submitted to the Office of State Fire Marshal, as documents that contain confidential, proprietary, or trade secret information, in accordance with the Public Records Law, specifically R.S. 44:3.2(D). Any record disclosures will be made in accordance with the Public Records Law.**

- DOCUMENT CONTAINS CONFIDENTIAL PROPRIETARY OR TRADE SECRET INFORMATION
- DOCUMENT DOES NOT CONTAIN CONFIDENTIAL PROPRIETARY OR TRADE SECRET INFORMATION

**14. REVIEW FEE & PAYMENT**

- a. Money orders, cashier's checks, certified checks, and company checks are accepted. Personal checks accepted – must include LA driver's license number on check.
- b. Appeal Requests

Note: Charge is per each issue.

Handicapped Accessibility	\$ 25
Life Safety / Fire Code Appeals	\$ 100
Smoke Control Reviews (\$50 for resubmission)	\$ 100
Timed Egress (\$50 for resubmission)	\$ 100
Other Appeals (\$50 for resubmission)	\$ 100