# PLAN REVIEW APPLICATION

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

## 1. Project Information

**Project Name:**

**Street Address:**

**Suite or Space No:**

**City:**

**State:**

**Zip:**

**Parish:**

*Within city limits? [ ] Yes [ ] No*

## 2. Structure Information (Overall Building)

**Building Name:**

**Street Address:**

**City:**

**State:**

**Zip:**

## 3. Purpose of Application

**System Type:**

- [ ] ARCHITECTURAL REVIEW
- [ ] FIRE ALARM SYSTEM REVIEW
- [ ] KITCHEN HOOD WET CHEMICAL SUPPRESSION SYSTEM REVIEW
- [ ] FIRE SUPPRESSION SYSTEM REVIEW
- [ ] STORAGE TANK

**Review Type:**

- [ ] INITIAL
- [ ] PRELIMINARY
- [ ] RE-SUBMITTAL
- [ ] RENOVATION/ADDITION
- [ ] CHANGE OF OCCUPANCY
- [ ] FOUNDATION ONLY
- [ ] SHELL ONLY
- [ ] MOBILE/MODULAR

*IF SYSTEM TYPE IS CENTRAL STATION, YOU MUST ATTACH COPY OF CENTRAL STATION UL LISTING TO THIS APPLICATION*

## 4. Project Details

**New Sq Ft:**

**Existing Sq Ft:**

**Renovated Sq Ft:**

**Main Occupancy:**

**Secondary:**

**Thirdly:**

**Estimated Cost of this Project:** $  
**Calculated Fee Attached:** $  

MONEY ORDERS, CASHIER’S CHECKS, CERTIFIED CHECKS, AND COMPANY CHECKS ACCEPTED (NO PERSONAL CHECKS ACCEPTED, EFFECTIVE 9-1-00). ATTACH CHECKLIST

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

- ASSEMBLY
- EDUCATIONAL
- DAY CARE
- HEALTH CARE
- DETENTION
- HOTEL
- DORMITORY
- APARTMENT LODGING / ROOMING

- BOARD AND CARE
- MERCANTILE
- BUSINESS
- INDUSTRIAL
- STORAGE
- UNUSUAL

**Sq Ft**  

DPSFM 7032  REVISION 072500  PLEASE COMPLETE OTHER SIDE
### 5. Owner Information

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**Name of Firm:**

**Mailing Address:**

**City:**

**State:**

**Zip:**

**Telephone No:**

**Fax No:**

### 6. Tenant Information

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**Name of Firm:**

**Mailing Address:**

**City:**

**State:**

**Zip:**

**Telephone No:**

**Fax No:**

### 7. Preparer of Shop Drawings Information

- **Sub-Contractor**
- **Engineer**

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**Name of Firm:**

**Firm License No:**

**Mailing Address:**

**City:**

**State:**

**Zip:**

**Telephone No:**

**Fax No:**

### 8. Professional of Record Information

- **Architect**
- **Civil Engineer**
- **EE / ME Engineer**

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**LA License No:**

**Name of Firm:**

**Address:**

**City:**

**State:**

**Zip:**

**Telephone No:**

**Fax No:**

### 9. Government and Municipal Projects

- **State Owned Project**
- **Municipal Project**
- **Other**

### 10. Energy Code Review

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<th>CHECK ALL ITEMS THAT APPLY TO THIS PROJECT OR EXISTING BUILDING:</th>
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</thead>
<tbody>
<tr>
<td>Check box yes, energy code package attached</td>
<td>Check box no, energy code package attached</td>
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- **New Construction**
- **Special Locking**
- **High Rise Building**
- **Voice Evacuation**
- **Tenant Buildout**
- **High Rise Tenant Buildout**
- **Fire Alarm System**
- **Sprinkler System**
- **Kitchen Hood**

**Number of Floors in Bldg:**

**Number of Residents:**

**Promp EVACUATION CAPABILITY:**

**Slow EVACUATION CAPABILITY:**

**Impractical EVACUATION CAPABILITY:**

**Number of Clients:**

**Accommodations for More Than 16 People:**

**Accommodations for 16 or Less People:**

**3 to 12 Clients:**

**13 or More Clients:**

**16 or Less People:**

**More Than 16 People:**

**Prompt EVACUATION CAPABILITY:**

**Slow EVACUATION CAPABILITY:**

**Impractical EVACUATION CAPABILITY:**

**Number of Residents:**

**Telephone No:**

**Fax No:**

Please complete other side.