

PLAN REVIEW APPLICATION

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

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

1. 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 or Space No: _____
 City: _____ State: LA Zip: _____ -
 Parish: _____ Within city limits? Yes No

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

2. Structure Information (Overall Building)

Building Name: _____
 Street Address: _____
 City: _____ State: LA Zip: _____ -
 Parish: _____

3. Purpose of Application

PART 3. REQUIRED FOR ALL SUBMITTALS

System Type: ARCHITECTURAL REVIEW ARCHITECTURAL LIFE SAFETY ADA-AG ACCESSIBILITY ENERGY CONSERVATION
 CHECK ONLY ONE: FIRE ALARM SYSTEM REVIEW KITCHEN EXHAUST HOOD CONSTRUCTION BUILDING ELECTRICAL SYSTEM SMOKE CONTROL
 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 CENTRAL STATION UL LISTING TO THIS APPLICATION
 KITCHEN HOOD WET CHEMICAL SUPPRESSION SYSTEM REVIEW
 FIRE SUPPRESSION SYSTEM REVIEW SPRINKLER DRY CHEMICAL CLEAN AGENT HALON
 PAINT SPRAY BOOTH HOOD WATER SUPPRESSION FOAM WATER
 STORAGE TANK FOR FLAMMABLE OR COMBUSTIBLE LIQUIDS: NUMBER OF TANKS ABOVE GROUND _____ BELOW GR _____
 Review Type: INITIAL CHECK HERE ONLY IF YOUR PROJECT DOES NOT MATCH ONE OF THE REVIEW TYPES, BELOW. P0:
 CHECK ONLY ONE: IF PROJECT IS A SYSTEM REVIEW, THEN PROVIDE PREVIOUS ARCHITECTURAL REVIEW NUMBER
 PRELIMINARY
 RE-SUBMITTAL PROVIDE PREVIOUS PROJECT REVIEW NUMBER OR PRELIMINARY REVIEW NUMBER P0:
 RENOVATION/ADDITION IF CHANGE OF OCCUPANCY, THEN CHECK NEXT LINE. P0:
 PREVIOUS ARCHITECTURAL REVIEW NUMBER, IF APPLICABLE
 CHANGE OF OCCUPANCY WITH OR WITHOUT RENOVATIONS, CHECK HERE. PROVIDE P0:
 PREVIOUS ARCHITECTURAL REVIEW NUMBER, IF APPLICABLE
 FOUNDATION ONLY
 SHELL ONLY
 MOBILE/MODULAR

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

4. 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, AND COMPANY CHECKS
 ACCEPTED (NO PERSONAL CHECKS ACCEPTED, EFFECTIVE 9-1-00). ATTACH CHECKLIST
 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 APARTMENT LODGING / ROOMING
 BOARD AND CARE MERCANTILE BUSINESS INDUSTRIAL STORAGE UNUSUAL
 Main Occupancy: _____ Sq Ft _____
 Secondary: _____ Sq Ft _____
 Thirdly: _____ Sq Ft _____

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

5. Owner Information

PART 5. REQUIRED FOR ALL SUBMITTALS

Owner:
Name of Firm:
Mailing Address:

LAST NAME FIRST NAME INITIAL
_____, _____

City: State: Zip: -
email: _____
Telephone No: Fax No: _____

PROVIDE INFORMATION ON THE TENANT FOR THIS SPECIFIC PROJECT, IF DIFFERENT THAN OWNER.

6. Tenant Information

Tenant:
Name of Firm:
Mailing Address:

LAST NAME FIRST NAME INITIAL
_____, _____

City: State: Zip: -
email: _____
Telephone No: Fax No: _____

PROVIDE INFORMATION ON THE PREPARER OF THE FIRE ALARM, SPRINKLER, OR FIRE SUPPRESSION SHOP DRAWINGS.

7. Preparer of Shop Drawings Information

- Sub-Contractor
- Engineer

Preparer:
License No:
Name of Firm:
Firm License No:
Mailing Address:

LAST NAME FIRST NAME INITIAL
_____, _____

City: State: Zip: -
email: _____
Telephone No: Fax No: _____
Nicet Level: 1 2 3 4

PROVIDE INFORMATION ON THE PROFESSIONAL OF RECORD FOR THIS PROJECT.

8. Professional of Record Information

- Architect
- Civil Engineer
- EE / ME Engineer

Professional:
LA License No:
Name of Firm:
Address:
City:
email:
Telephone No:

LAST NAME FIRST NAME INITIAL
_____, _____

City: State: Zip: -
email: _____
Telephone No: Fax No: _____
ONLY PROVIDE CHANGES BELOW, THAT DIFFER FROM INFORMATION AT STATE BOARD WEBSITE

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

9. Government and Municipal Projects

- State Owned Project
- Municipal Project
- Other

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:

10. Energy Code Review

- YES, ENERGY CODE PACKAGE ATTACHED
- NO ENERGY CODE PACKAGE ATTACHED

CHECK ALL ITEMS THAT APPLY TO THIS PROJECT OR EXISTING BUILDING:

<input type="checkbox"/> New Construction	<input type="checkbox"/> Special Locking	<input type="checkbox"/> High Rise Building	NUMBER OF FLOORS IN BLDG _____	
<input type="checkbox"/> Voice Evacuation	<input type="checkbox"/> Tenant Buildout	<input type="checkbox"/> High Rise Tenant Buildout	PROJECT ON WHICH FLOOR(S) _____	
<input type="checkbox"/> Fire Alarm System	<input type="checkbox"/> Sprinkler System	<input type="checkbox"/> Kitchen Hood		
IF BOARD AND CARE USE, THEN CHECK ONE:	<input type="checkbox"/> PROMPT EVACUATION CAPABILITY	<input type="checkbox"/> SLOW EVACUATION CAPABILITY	<input type="checkbox"/> IMPRACTICAL EVACUATION CAPABILITY	NUMBER OF RESIDENTS _____
IF DAY CARE USE, THEN CHECK ONE:	<input type="checkbox"/> 3 TO 12 CLIENTS	<input type="checkbox"/> 13 OR MORE CLIENTS		
IF HOTEL, DORM, LODGING OR ROOMING, THEN CHECK ONE:	<input type="checkbox"/> ACCOMMODATIONS FOR MORE THAN 16 PEOPLE	<input type="checkbox"/> ACCOMMODATIONS FOR 16 OR LESS PEOPLE		