PLAN REVIEW APPLICATION

1. ☐ NEW PLAN REVIEW ☐ RESUBMITTAL
   ASSOCIATED EXISTING PROJECT: P0______________________
   EXISTING PROJECT NAME & ZIP CODE: __________________________

2. REVIEW TYPE: ☀ DHH LICENSE REVIEW

3. Project Name: ___________________________________________________________________
   Street Address: ___________________________________________________________________
   Suite or Space No: ___________________________________________________________________
   City: _____________________________________________________ Within city limits? ☐ Yes ☐ No
   State: LA Zip: _____________ - _________ Parish: _______________________

   ☐ STATE OWNED ☐ STATE LICENSED ☐ STATE LEASED ☐ MUNICIPAL PROJECT
   ☐ PRIVATE PROJECT ☐ FEDERALLY OWNED ☐ FEDERALLY FUNDED

   • Complete the following --- if the Building has more than one story?
     Number of Stories: ________ Project is on which floor(s)? ________________
     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: $ ___________________________
   Project Description: ______________________________________________
                        ______________________________________________
                        ______________________________________________

4. REVIEW TYPE: (Choose the requested DHH Licensing Category)

HOSPITAL
   ☐ General Hospital
   ☐ Psychiatric Hospital
   ☐ Rehabilitation Hospital
   ☐ AMBULATORY SURGICAL CENTER
   ☐ ABORTION CLINIC
   ☐ END STAGE RENAL DISEASE FACILITY (ESRD – Dialysis Center)
   ☐ RURAL HEALTH CLINIC
   ☐ PEDIATRIC DAY HEALTH CARE
   ☐ INPATIENT HOSPICE FACILITY
   ☐ NURSING HOME
   ☐ ADULT DAY HEALTH CARE
   ☐ ADULT RESIDENTIAL CARE SERVICES (LEVELS 1-4)
     ☐ Level 1 - Personal Care Home
     ☐ Level 2 - Shelter Care
     ☐ Level 3 - Assisted Living
     ☐ Level 4 - ARCP
   ☐ INTERMEDIATE CARE FACILITIES (ICF/DD)
   ☐ CENTER BASED RESPITE CARE (HCBS)
   ☐ THERAPEUTIC GROUP HOME
   ☐ PSYCHIATRIC RESIDENTIAL TREATMENT FACILITY (PRTF)
   ☐ ADULT DAY CARE (HCBS)
   ☐ ABUSE/ADDICTION TREATMENT FACILITY/BHS Provider

BEHAVIORAL HEALTH – Outpatient / Mental Health Clinic
   ☐ Opioid Addiction Treatment
   ☐ Children / Adolescent Program
   ☐ Treatment / Detoxification
   ☐ Outpatient Counseling / Mental Health options
   ☐ Intensive Outpatient Treatment

BEHAVIORAL HEALTH – Inpatient / Residential (24HR Facility)
   ☐ Primary Residential Treatment
   ☐ Inpatient Detoxification
   ☐ Inpatient Primary Treatment
   ☐ Community-Based Program
   ☐ Therapeutic Community (Large Term Residential)

☐ OTHER
   Please Specify: ______________________________________________
                        ______________________________________________
                        ______________________________________________

Number of Sheets of Drawings for Review: ______
5. OCCUPANCY CLASSIFICATION(s)

☐ ASSEMBLY ___________ square feet
☐ 50 TO 299 OCCUPANTS
☐ 300 TO 499 OCCUPANTS
☐ 500 TO 999 OCCUPANTS
☐ 1,000 OCCUPANTS OR MORE

☐ INSTITUTIONAL ___________ square feet
☐ Group I-1 (Group Care)
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

(CONT) FACTORY / INDUSTRIAL
High 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)
1. 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

2. UTILITY / MISCELLANEOUS
   Provide a Description of Use: ____________________________________________

3. TOTAL SQUARE FEET OF THE AREA UNDER REVIEW: ____________ SQ FT

4. 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
   - Aircraft Related
   - Owned and Operated By a Religious Entity
   - Kitchen Hood Fire Suppression System
   - Boiler(s)
   - Clean Agent
   - Covered Mall Building
   - Underground Building
   - Fire Alarm System
   - Special Locking System(s)
   - Paint Booth
   - Casino/Gaming Area
   - Atrium
   - Generator (Required)
   - Generator (Non-Required)
   - Emergency Shelter
   - Hazardous Materials
   - Special Amusement
   - University / College
   - Owned and Operated By a Religious Entity
   - Special Locking System(s)
   - Covered Mall Building

5. 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

6. 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: ____________

   LAST NAME: ___________________________ FIRST NAME: ___________ MIDDLE NAME: ___________ SUFFIX: ___________

   NAME OF FIRM: ______________________________________ PHONE: ___________ FAX: ___________ EMAIL: ___________

   STREET ADDRESS: _____________________________________________________________

   ZIP Code: ___________ PARISH/COUNTY: ___________ CITY: ___________________ STATE: ___________
<table>
<thead>
<tr>
<th>□ OWNER</th>
</tr>
</thead>
<tbody>
<tr>
<td>LAST NAME</td>
</tr>
<tr>
<td>NAME OF FIRM</td>
</tr>
<tr>
<td>STREET ADDRESS</td>
</tr>
<tr>
<td>ZIP Code</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>□ TENANT</th>
</tr>
</thead>
<tbody>
<tr>
<td>LAST NAME</td>
</tr>
<tr>
<td>NAME OF FIRM</td>
</tr>
<tr>
<td>STREET ADDRESS</td>
</tr>
<tr>
<td>ZIP Code</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>□ CONTRACTOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>LAST NAME</td>
</tr>
<tr>
<td>NAME OF FIRM</td>
</tr>
<tr>
<td>STREET ADDRESS</td>
</tr>
<tr>
<td>ZIP Code</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>□ ADDITIONAL CONTACT</th>
</tr>
</thead>
<tbody>
<tr>
<td>LAST NAME</td>
</tr>
<tr>
<td>NAME OF FIRM</td>
</tr>
<tr>
<td>STREET ADDRESS</td>
</tr>
<tr>
<td>ZIP Code</td>
</tr>
</tbody>
</table>

11. 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
12. REVIEW FEE & PAYMENT (See the FEE SCHEDULE on the following pages to determine the required fee)

Any facility requiring a plan review prior to licensure by DHH shall submit the following information TO THIS OFFICE:

a. Completed application for plan review. NOTE: "DHH Licensed Project" will be reviewed as a "System Type", separate from the new construction or renovation review;

b. The appropriate plan review fees - payable to the Department of Public Safety (see below);

c. Drawings, specifications, and functional program requirements of the proposed facility;

d. The information indicated in the "Health Care Facility License and/or Certification Plan Review Checklist" located in the "Health Care Licensing Plan Review" section on our website (LASFM.org).

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

Review Fee Schedule

In accordance with R.S. 40:2017.11, fees for review of plans, there shall be a charge of five dollars per page for all plans or specifications for hospitals, ambulatory surgical centers, nursing homes, and group or community homes or other residential living options which are submitted for review to the Department of Public Safety and Corrections, Office of State Fire Marshal, or its designee pursuant to rules promulgated in accordance with the Administrative Procedure Act. There shall be a minimum charge of twenty-five dollars and a maximum charge of three hundred dollars, plus postage and handling fee often dollars. Such costs shall be paid prior to review by the owner of the project for which the review is requested.

<table>
<thead>
<tr>
<th>Occupancy</th>
<th>Number of Sheets</th>
<th>Minimum Fee</th>
<th>Maximum Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>HOSPITALS, AMBULATORY SURGICAL CENTERS, NURSING HOMES, GROUP OR COMMUNITY HOMES, OTHER RESIDENTIAL LIVING OPTIONS (See attached “Health Care Facility License and/or Certification Plan Review Checklist”)</td>
<td>0 - 5</td>
<td>$35.00</td>
<td>$35.00</td>
</tr>
<tr>
<td>Groups I-1, I-2, I-3, I-4, R-1, R-2, R-3, R-4</td>
<td>6 and up</td>
<td>$40.00</td>
<td>+ $5 for each additional sheet, not to exceed $310.00</td>
</tr>
</tbody>
</table>