

FIRE ALARM REVIEW APPLICATION

1. NEW PLAN REVIEW RESUBMITTAL

ASSOCIATED EXISTING PROJECT: P0 _____

EXISTING PROJECT NAME: _____

2. REVIEW TYPE:

 **FIRE ALARM SYSTEM**

3. New Project Name: _____

Street Address: _____

Suite or Space No: _____

City: _____ Within city limits? Yes No

State: LA Zip: _____ - _____ Parish: _____

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> STATE OWNED | <input type="checkbox"/> STATE LICENSED | <input type="checkbox"/> STATE LEASED | <input type="checkbox"/> MUNICIPAL PROJECT |
| <input type="checkbox"/> PRIVATE PROJECT | <input type="checkbox"/> FEDERALLY OWNED | <input type="checkbox"/> 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. Is this system required by Code or by an Equivalency to Code? Yes No

Please select the Fire Alarm System type:

- Local System Remote Station Central Station Proprietary

Is the system a new installation or a modification to an existing system? New Modification

Fire Alarm Firm's License Number: _____

Are the plans being submitted by an OSFM licensed qualifier? Yes No

Qualifier's License Number: _____ Engineer's License Number: _____

5. Indicate the device types to be included in the system and the number of each:

- | | | | |
|--|--------------------------|--|--------------------------|
| <input type="checkbox"/> Strobe: | Number of Devices: _____ | <input type="checkbox"/> Speaker/Strobe: | Number of Devices: _____ |
| <input type="checkbox"/> Speaker: | Number of Devices: _____ | <input type="checkbox"/> Horn: | Number of Devices: _____ |
| <input type="checkbox"/> Horn/Strobe: | Number of Devices: _____ | <input type="checkbox"/> Heat Detector: | Number of Devices: _____ |
| <input type="checkbox"/> Smoke Detector: | Number of Devices: _____ | <input type="checkbox"/> Relay Module: | Number of Devices: _____ |
| <input type="checkbox"/> Panel: | Number of Devices: _____ | <input type="checkbox"/> Carbon Monoxide Detector: | Number of Devices: _____ |

6. OCCUPANCY CLASSIFICATION(s)

ASSEMBLY _____ 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 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
 - 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: _____ SQ FT

7. 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

8. 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

9. APPLICANT(S) (P.O.R. / OWNER / TENANT / CONTRACTOR / ADDITIONAL CONTACT) AS APPLICABLE

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

OWNER

 LAST NAME FIRST NAME MIDDLE NAME SUFFIX

 NAME OF FIRM PHONE FAX EMAIL

 STREET ADDRESS

 ZIP Code PARISH/COUNTY CITY STATE

TENANT

LAST NAME FIRST NAME MIDDLE NAME SUFFIX

NAME OF FIRM PHONE FAX EMAIL

STREET ADDRESS

ZIP Code PARISH/COUNTY CITY STATE

CONTRACTOR

LAST NAME FIRST NAME MIDDLE NAME SUFFIX

NAME OF FIRM PHONE FAX EMAIL

STREET ADDRESS

ZIP Code PARISH/COUNTY CITY STATE

ADDITIONAL CONTACT

LAST NAME FIRST NAME MIDDLE NAME SUFFIX

NAME OF FIRM PHONE FAX EMAIL

STREET ADDRESS

ZIP Code PARISH/COUNTY CITY STATE

10. DOCUMENTS PROVIDED FOR REVIEW

- Correspondence Plans Shop Drawings Specifications Photographs

11. REVIEW FEE & PAYMENT (See the FEE SCHEDULE below to determine the required fee)

- Money orders, cashier's checks, certified checks, and company checks are accepted. Personal checks accepted – must include LA driver's license number on check.
- State Projects are projects contracted through LA Facility Planning and Control. **LSUCC REVIEWS ARE NOT PERFORMED BY THIS OFFICE FOR STATE PROJECTS.** State Projects, both full reviews and exemption requests, are fee exempt except for Project Re-submittals. Fee exemptions are NOT allowed for Project Re-submittals.
- Municipal Projects include all city, parish, and federal projects. Except for Project Re-submittals, Municipal Projects are charged a flat review fee of \$20 for the Base Review Fee. In addition to the Base Review Fees, full LSUCC Review Fees apply for Municipal Projects where requests for LSUCC review service are accepted. Fee exemptions are NOT allowed for Project Re-submittals.
- "Devices" are identified as visual notification devices, system smoke detectors, and system heat detectors only.

❖ **Review Fee Schedule**

In accordance with R.S.40:1574.1 and R.S.40:1730.41, the owner of the project who submits the plans and specifications shall pay to the Office of State Fire Marshal, Code Enforcement and Building Safety a plan review or document fee based on the following schedule.

ITEM	REVIEW FEE
Number of devices = 1 – 25	\$ 75
Number of devices = 26 – 50	\$ 105
Number of devices = 51 – 75	\$ 135
Number of devices = 76 – 100	\$ 165
Number of devices = 101 – above	\$ 165 + \$ 30 for each additional group of 1 -25 devices over 100

Calculated fee attached: _____

❖ **Fire Alarm System - Minor Scope Of Work (MSW)**

Projects with minimal scopes of work (**MSW**) are considered for exemption from the full review fee (MSW fee is \$20) under the following conditions;

1. Minor alterations/additions/modifications to EXISTING fire alarm systems, that do not jeopardize required system performance and involve up to a maximum of ten (10) devices, are permitted as "Minor Scopes of Work" (**MSW**).
2. Installations of, and modifications to, NON-REQUIRED fire alarm systems must be submitted for review, but are considered minor scopes of work (**MSW**).
3. A plan review submittal is not required for corrective work ordered by the Fire Marshal Inspector and identified in the inspection report, subject to the following stipulations:
 - a. Limited to manual pull stations, smoke detectors, heat detectors and audible/visual notifications appliances.
 - b. This policy shall not apply to other fire alarm systems components such as additional fire alarm control panels, digital alarm communication equipment or similar devices cited by inspection. If these devices are required to be added to the fire alarm system, then the inspector shall require the shop drawings to be re-submitted to the plan reviewer with an application, appropriate review fee and a copy of the inspection report identifying the deficiencies.
 - c. Limited to a maximum of ten (10) devices.
 - d. Contractor shall provide revised battery calculations to the inspector.
 - e. Contractor shall provide all information concerning the devices listing and compatibility (i.e. 2-wire smoke detectors and certain heat detectors).
4. Complete all information on the FIRE ALARM REVIEW APPLICATION.
 - a. Provide the State Fire Marshal Architect Review number, copy of inspection report, or reason for modification. If there is no architectural State Fire Marshal Architectural review number, indicate inspection report or reason for fire alarm system modification in the PROJECT DESCRIPTION (Item no 3 above). Provide copy of inspection report with submittal. Owner to provide reason for the submittal indicated in the description of work, if the reason is not as stated above.
 - b. PROJECT DESCRIPTION of work shall include the number of fire alarm devices and the cost of the work to be done.
 - c. When the FIRE ALARM REVIEW APPLICATION is complete, it may be delivered to the S.F.M. Plan Review Section, with sufficient supplemental information and payment for review. (Money orders, cashier's checks, certified checks, and company checks are accepted. Personal checks accepted – must include LA driver's license number on check.)