

PROPOSED EQUIVALENCY to CODE – REQUEST for APPEAL

- 1. PRIOR TO PLAN REVIEW SUBMITTAL AFTER PLAN REVIEW

ASSOCIATED EXISTING PROJECT: P0 _____

EXISTING PROJECT NAME: _____

2. REVIEW TYPE:



PROPOSED EQUIVALENCY to CODE – REQUEST for APPEAL

3. Project Name: _____

Street Address: _____

Suite or Space No: _____

City: _____ Within city limits? Yes No

State: LA Zip: _____ - _____ Parish: _____

- 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 49 ft high or taller.

Estimated Cost of Project: \$ _____

Project Description: _____

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

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. ENERGY CODE COMPLIANCE

- COMcheck complies YES NO EXEMPT
- REScheck complies YES NO EXEMPT
- Not Applicable / REASON FOR EXCEPTION _____

9. 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: _____

10. 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

9. ADDITIONAL FEATURES

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

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

10. CONSTRUCTION TYPE

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

11. 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

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

11. DOCUMENTS PROVIDED FOR REVIEW

Correspondence Plans Shop Drawings Specifications Photographs

12. REVIEW FEE & PAYMENT

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