PLAN REVIEW APPLICATION

1. NEW PLAN REVIEW  RESUBMITTAL
   ASSOCIATED EXISTING PROJECT:  P0______________________________
   EXISTING PROJECT NAME:  ______________________________________

2. REVIEW TYPE:
   * ARCHITECTURAL 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:
   NEW CONSTRUCTION
   Complete Build-out  Partial Build-out  Foundation Only  Shell Only
   Are you pursuing a DHH License for a Healthcare facility?  Yes  No
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
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   RENOVATION OR ADDITION TO AN EXISTING BUILDING
   ________________________________________________________________
   ________________________________________________________________
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   ________________________________________________________________

   TEMPORARY CONSTRUCTION BUILDING INSTALLATION OR TENTS
   Number of Temporary Buildings or Tents:  ________ Number of Months Building or Tent will be Utilized:  ________
5. ENERGY CODE COMPLIANCE
☐ COMcheck complies ☐ YES ☐ NO ☐ EXEMPT
☐ REScheck complies ☐ YES ☐ NO ☐ EXEMPT
☐ Not Applicable / REASON FOR EXCEPTION _________________________________

6. LOUISIANA STATE UNIFORM CONSTRUCTION CODE
☐ Parish or Municipal Permitting Office
☐ Office of State Fire Marshal (ELIGIBLE JURISDICTIONS ONLY)

- Design Loads
  First Floor Live Loads: _______  Floor Live Loads above the 1st floor: _______
  Corridor Live Loads: _______
  Roof Live Loads: _________  Roof (Ground) Snow Loads: _______

- Wind Design Data
  Disclaimer: The Ultimate Design Wind Speed value is based on the verified map location for the project. For Components & Cladding Wind Pressure, please indicate the largest value when multiple values are applicable.
  Ultimate Design Wind Speed: _______
  Nominal Design Wind Speed: _______  Risk Category: _______
  Wind Exposure Category: _________  Applicable Internal Pressure Coefficient: _______
  Components & Cladding Wind Pressure: _______

- Flood Design Data
  Adjusted Base Flood Elevation (ABFE): _______  Finish Floor Elevation: _______
  Elevation of Lowest Member: _______
  Flood Zone: _______  Base Flood Elevation: _______  Design Flood Elevation: _______

☐ Registered Third Party Provider  Third Party Provider’s LSUCCC Registration Number: ____________

7. 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
    □ 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
    ☐ 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
8. 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
- ☐ Sprinkler System – 13 D
- ☐ Aircraft Related
- ☐ Owned and Operated By a Religious Entity
- ☐ Special Amusement
- ☐ Hazardous Materials
- ☐ Fire Alarm System
- ☐ Special Locking System(s)
- ☐ Casino/Gaming Area
- ☐ Atrium
- ☐ University / College
- ☐ Generator (Required)
- ☐ Generator (Non-Required)
- ☐ Ambulatory Health Care

9. 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

10. 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: ________________
- ☐ Name of Firm Phone FAX Email
- ☐ Street Address
- ☐ Zip Code Parish/County City State
- ☐ OWNER
(Completed Owners information is required. Submittal will not be processed without completed Owner’s information.)
- ☐ Name of Firm Phone FAX Email
- ☐ Street Address
- ☐ Zip Code Parish/County City State
- ☐ TENANT
- ☐ Name of Firm Phone FAX Email
- ☐ Street Address
- ☐ Zip Code Parish/County City State
## DOCUMENTS PROVIDED FOR REVIEW

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

## REVIEW FEE & PAYMENT

(See the FEE SCHEDULE on the following pages 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. 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.

### Plan 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 "Base Review Fee" indicated in the following schedule.

In addition, in the instance the State Fire Marshal inspects plans and specifications on behalf of a political subdivision and others for compliance with the State Uniform Construction Code under authority of R.S. 40:1730.39.A, the applicant shall pay to the office of state fire marshal, code enforcement and building safety, an additional plan review or document fee based on the "LSUCC Review Fee" indicated in the following schedule.
<table>
<thead>
<tr>
<th>Occupancy</th>
<th>Square Footage</th>
<th>Base Review Fee</th>
<th>LSUCC Review Fee</th>
<th>Total Review Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ASSEMBLY</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Groups A-1, A-2, A-3, A-4, A-5</td>
<td>0 - 2500</td>
<td>$55.00</td>
<td>+ $280.00</td>
<td>= $335.00</td>
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<tr>
<td></td>
<td>2,501 - 4,500</td>
<td>$85.00</td>
<td>+ $420.00</td>
<td>= $505.00</td>
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<tr>
<td></td>
<td>4,501 - 10,000</td>
<td>$205.00</td>
<td>+ $1,015.00</td>
<td>= $1,220.00</td>
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<tr>
<td></td>
<td>10,001 - 50,000</td>
<td>$305.00</td>
<td>+ $1,501.00</td>
<td>= $1,806.00</td>
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<tr>
<td></td>
<td>50,001 - 100,000</td>
<td>$405.00</td>
<td>+ $1,960.00</td>
<td>= $2,365.00</td>
</tr>
<tr>
<td></td>
<td>100,001 and over</td>
<td>$555.00</td>
<td>+ $1,960.00 + .010/sqft over 100,000sqft</td>
<td>= $2,515.00 + .010/sqft over 100,000sqft</td>
</tr>
<tr>
<td><strong>EDUCATIONAL or DAYCARE</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Groups E, I-4</td>
<td>0 - 5,000</td>
<td>$55.00</td>
<td>+ $280.00</td>
<td>= $335.00</td>
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<tr>
<td></td>
<td>5,001 - 10,000</td>
<td>$85.00</td>
<td>+ $420.00</td>
<td>= $505.00</td>
</tr>
<tr>
<td></td>
<td>10,001 - 30,000</td>
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<td>+ $615.00</td>
<td>= $740.00</td>
</tr>
<tr>
<td></td>
<td>30,001 - 80,000</td>
<td>$225.00</td>
<td>+ $1,105.00</td>
<td>= $1,330.00</td>
</tr>
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<td>80,001 - 150,000</td>
<td>$325.00</td>
<td>+ $1,595.00</td>
<td>= $1,920.00</td>
</tr>
<tr>
<td></td>
<td>150,001 and over</td>
<td>$425.00</td>
<td>+ $1,595.00 + .010/sqft over 150,000sqft</td>
<td>= $2,020.00 + .010/sqft over 150,000sqft</td>
</tr>
<tr>
<td><strong>HEALTH CARE, INSTITUTIONAL, or DETENTION</strong> (Includes Limited Care/Assisted Living facilities)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Groups I-2, I-3</td>
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<td>$205.00</td>
<td>+ $280.00</td>
<td>= $485.00</td>
</tr>
<tr>
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<td>2,001-5,000</td>
<td>$205.00</td>
<td>+ $510.00</td>
<td>= $715.00</td>
</tr>
<tr>
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<td>5,001-10,000</td>
<td>$205.00</td>
<td>+ $765.00</td>
<td>= $970.00</td>
</tr>
<tr>
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<td>10,001-20,000</td>
<td>$305.00</td>
<td>+ $1,015.00</td>
<td>= $1,320.00</td>
</tr>
<tr>
<td></td>
<td>20,001-30,000</td>
<td>$405.00</td>
<td>+ $1,015.00</td>
<td>= $1,420.00</td>
</tr>
<tr>
<td></td>
<td>30,001-50,000</td>
<td>$405.00</td>
<td>+ $1,995.00</td>
<td>= $2,400.00</td>
</tr>
<tr>
<td></td>
<td>50,001-100,000</td>
<td>$505.00</td>
<td>+ $2,485.00</td>
<td>= $2,990.00</td>
</tr>
<tr>
<td></td>
<td>100,001 and over</td>
<td>$705.00</td>
<td>+ $2,485.00 + .020/sqft over 100,000sqft</td>
<td>= $3,190.00 + .020/sqft over 100,000sqft</td>
</tr>
<tr>
<td>New High rise</td>
<td></td>
<td>$855</td>
<td>+ $2,485.00 + .020/sqft over 100,000sqft</td>
<td>+ $3,340.00 + .020/sqft over 100,000sqft</td>
</tr>
<tr>
<td><strong>HOTELS, DORMITORIES, APARTMENTS, LODGING or ROOMING HOUSES, RESIDENTIAL BOARD AND CARE FACILITIES</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Groups R-1, R-2, R-3, R-4, I-1</td>
<td>0-2,500</td>
<td>$55.00</td>
<td>+ $280.00</td>
<td>= $335.00</td>
</tr>
<tr>
<td></td>
<td>2,501-10,000</td>
<td>$85.00</td>
<td>+ $420.00</td>
<td>= $505.00</td>
</tr>
<tr>
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<td>30,001-80,000</td>
<td>$305.00</td>
<td>+ $1,505.00</td>
<td>= $1,810.00</td>
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<tr>
<td></td>
<td>80,001-150,000</td>
<td>$405.00</td>
<td>+ $1,995.00</td>
<td>= $2,400.00</td>
</tr>
<tr>
<td></td>
<td>150,001 and over</td>
<td>$505.00</td>
<td>+ $1,995.00 + .010/sqft over 150,000sqft</td>
<td>= $2,500.00 + .010/sqft over 150,000sqft</td>
</tr>
<tr>
<td>New High rise</td>
<td></td>
<td>$705.00</td>
<td>+ $1,995.00 + .010/sqft over 150,000sqft</td>
<td>= $2,700.00 + .010/sqft over 150,000sqft</td>
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</tbody>
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### Notes:

1. Fee applies to the primary occupancy class of the building, but includes square footage for the total building, even where composed of separate occupancy classes, incidental uses or accessory uses.

2. Only one complete set of plans and specifications shall be submitted to this office for review.

3. Projects with minimal scopes of work (MSW) may be considered for exemption from the full review fee (MSW fee is $20).

<table>
<thead>
<tr>
<th>BUSINESS or MERCANTILE</th>
<th>Plans &amp; Specifications</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Groups M, B</td>
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<td>$55.00</td>
<td>+ $280.00</td>
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<td>3,001-10,000</td>
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<td>+ $1,105.00</td>
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<td>150,001 and over</td>
<td>$325.00</td>
<td>+ $1,105.00 + $0.010/sqft over 150,000sqft</td>
</tr>
<tr>
<td>New High rise</td>
<td>$525.00</td>
<td>+ $1,105.00 + $0.010/sqft over 150,000sqft</td>
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<table>
<thead>
<tr>
<th>INDUSTRIAL or STORAGE</th>
<th>Plans &amp; Specifications</th>
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<td>0-10,000</td>
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<td>+ $280.00</td>
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<tr>
<td>10,001-20,000</td>
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<td>100,001 and over</td>
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<td>720.00 + $0.20/sqft over 100,000sqft</td>
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<table>
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<th>HIGH HAZARD</th>
<th>Plans &amp; Specifications</th>
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<td>+ $440.00</td>
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<tr>
<td>2,001 and over</td>
<td>To be classified as indicated above</td>
<td>+ $440.00 + $0.030/sqft over 2,000sqft</td>
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</tbody>
</table>

Base Review Fee + LSUCC Review Fee