DEPARTMENT OF PUBLIC SAFETY - OFFICE OF STATE FIRE MARSHAL CODE ENFORCEMENT AND BUILDING SAFETY
8181 INDEPENDENCE BLVD., BATON ROUGE, LA 70806 800-256-5452 225-925-4920 FAX: 225-925-4414 WEB SITE: www.lasfm.org

SPECIAL LOCKING REVIEW APPLICATION

NOTE: THIS APPLICATION IS NOT FOR THE INSTALLATION OF MECHANICAL NON-ELECTRONIC HARDWARE.

1. ☐ **NEW PLAN REVIEW** ☐ **RESUBMITTAL**

ASSOCIATED EXISTING PROJECT: P0_____

EXISTING PROJECT NAME: _____

2. REVIEW TYPE:

SPECIAL LOCKING

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 49 ft high or taller.

Estimated Cost of Project: $ _____

Project Description: _____

_____

_____

_____

_____

4. Number of Locations to be installed: _____ ☐ Yes ☐ No

- Please select of special locking to be installed:
  ☐ Access-Controlled Egress ☐ Delayed-Egress Locking ☐ Special Locking in Healthcare Occupancies
  ☐ Electric Strikes or Electrified Hardware ☐ Magnetic Lock Releasing Devices
  ☐ Other

If OTHER, please specify: _____

Fire Alarm Firm's License Number: _____

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

Qualifier's License Number: _____ *Statewide Electrical Contractors* License Number: _____
(**attach a copy of the Electrical Contractor's license**)

Does the building have an automatic sprinkler system installed? ☐ Yes ☐ No

Does the building have a fire alarm installed? ☐ Yes ☐ No

5. 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

*(SPECIAL LOCKING IS **NOT** PERMITTED IN DETECTION AND CORRECTIONAL (GROUP I-3) OCCUPANCIES)*

☐ 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)

☐ GROUP S-2 (Low Hazard)

Identify the materials to be stored: _____

_____

_____

_____

_____

☐ 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 (WORK AREA): _____ SQ FT

6. 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

7. 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

8. 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

9. DOCUMENTS PROVIDED FOR REVIEW

☐ Correspondence ☐ Plans ☐ Shop Drawings ☐ Specifications ☐ Photographs

10. 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.
- 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.
- Project Re-submittals: No fee exemptions are allowed.

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.

Occupancy	Square Footage	Base Review Fee	LSUCC Review Fee	Total Review Fee
ASSEMBLY Groups A-1, A-2, A-3, A-4, A-5	0 - 2500	$55.00	+ $280.00	= $335.00
	2,501 - 4,500	$85.00	+ $420.00	= $505.00
	4,501 - 10,000	$205.00	+ $1,015.00	= $1,220.00
	10,001 - 50,000	$305.00	+ $1,501.00	= $1,806.00
	50,001 - 100,000	$405.00	+ $1,960.00	= $2,365.00
	100,001 and over	$555.00	+ $1,960.00 + .010/sqft over 100,000sqft	= $2,515.00 + .010/sqft over 100,000sqft
EDUCATIONAL or DAYCARE Groups E, I-4	0 - 5,000	$55.00	+ $280.00	= $335.00
	5,001 - 10,000	$85.00	+ $420.00	= $505.00
	10,001 - 30,000	$125.00	+ $615.00	= $740.00
	30,001 - 80,000	$225.00	+ $1,105.00	= $1,330.00
	80,001 - 150,000	$325.00	+ $1,595.00	= $1,920.00
	150,001 and over	$425.00	+ $1,595.00 + .010/sqft over 150,000sqft	= $2,020.00 + .010/sqft over 150,000sqft
HEALTH CARE, INSTITUTIONAL, or DETENTION (Includes Limited Care/Assisted Living facilities) Groups I-2, I-3	0-2,000	$205.00	+ $280.00	= $485.00
	2,001-5,000	$205.00	+ $510.00	= $715.00
	5,001-10,000	$205.00	+ $765.00	= $970.00
	10,001-20,000	$305.00	+ $1,015.00	= $1,320.00
	20,001-30,000	$405.00	+ $1,015.00	= $1,420.00
	30,001-50,000	$405.00	+ $1,995.00	= $2,400.00
	50,001-100,000	$505.00	+ $2,485.00	= $2,990.00
	100,001 and over	$705.00	+ $2,485.00 + .020/sqft over 100,000sqft	= $3,190.00 + .020/sqft over 100,000sqft
	New High rise	$855	+ $2,485.00 + .020/sqft over 100,000sqft	+ $3,340.00 + .020/sqft over 100,000sqft
HOTELS, DORMITORIES, APARTMENTS, LODGING or ROOMING HOUSES, RESIDENTIAL BOARD AND CARE FACILITIES Groups R-1, R-2, R-3, R-4, I-1	0-2,500	$55.00	+ $280.00	= $335.00
	2,501-10,000	$85.00	+ $420.00	= $505.00
	10,001-30,000	$205.00	+ $1,015.00	= $1,220.00
	30,001-80,000	$305.00	+ $1,505.00	= $1,810.00
	80,001-150,000	$405.00	+ $1,995.00	= $2,400.00
	150,001 and over	$505.00	+ $1,995.00 + .010/sqft over 150,000sqft	= $2,500.00 + .010/sqft over 150,000sqft
	New High rise	$705.00	+ $1,995.00 + .010/sqft over 150,000sqft	= $2,700.00 + .010/sqft over 150,000sqft

BUSINESS or MERCANTILE **Groups M, B**	0-3,000	$55.00	+ $280.00	= $335.00
	3,001-10,000	$85.00	+ $420.00	= $505.00
	10,001-30,000	$115.00	+ $580.00	= $695.00
	30,001-50,000	$175.00	+ $860.00	= $1,035.00
	50,001-150,000	$225.00	+ $1,105.00	= $1,330.00
	150,001 and over	$325.00	+ $1,105. 00 + .010/sqft over 150,000sqft	= $1,430.00
	New High rise	$525.00	+ $1,105. 00 + .010/sqft over 150,000sqft	= $1,630.00 + .010/sqft over 150,000sqft
INDUSTRIAL or STORAGE **Groups F-1, F-2, S-1, S-2, U**	0-10,000	$55.00	+ $280.00	= $335.00
	10,001-20,000	$85.00	+ $420.00	= $505.00
	20,001-50,000	$115.00	+ $580.00	= $695.00
	50,001-100,000	$145.00	+ $720.00	= $865.00
	100,001 and over	$225.00	720.00 + .020/sqft over 100,000sqft	= $945.00 + .020/sqft over 100,000sqft
HIGH HAZARD **Groups H-1, H-2, H-3, H-4, H-5**	0-2,000	To be classified as indicated above	+ $440.00	Base Review Fee + LSUCC Review Fee
	2,001 and over		+ $440.00 + .030/sqft over 2,000sqft	

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).

ITEM	REVIEW FEE
Number of locking locations = 1 – 10	$ 20