

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 75 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) → 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 (WORK AREA): _____ SQ FT

6. 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 |

7. 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 | |

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).

<u>ITEM</u>	<u>REVIEW FEE</u>
Number of locking locations = 1 – 10	\$ 20