

INDUSTRIALIZED BUILDING PLAN REVIEW APPLICATION

TO BE USED BY MANUFACTURERS FOR SUBMITTAL OF INDUSTRIALIZED BUILDING PLAN REVIEWS ONLY

Please refer to the "INDUSTRIALIZED BUILDING PLAN REVIEW CHECKLIST FIRE MARSHAL USE ONLY: DATE RECEIVED:
for compliance with the LOUISIANA STATE UNIFORM CONSTRUCTION CODE"

for additional information required with each submittal (visit our website at lasfm.org REVIEWER / BADGE: P0:
for a copy of the checklist and other information).

AS IT APPEARS ON THE
"MANUFACTURER AND
DEALER REGISTRATION
APPLICATION" SUBMITTED
TO THIS OFFICE

1. Manufacturer Information

Manufacturer: _____ SFM Registration Number: LAIB- _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____ email: _____

Telephone No: _____ Cell No: _____ Fax No: _____

LOUISIANA LICENSED
ARCHITECT OR
ENGINEER RESPONSIBLE
FOR THE DESIGN

2. Professional of Record

Professional: LAST NAME: _____ FIRST NAME: _____ INITIAL: _____

LA License No: _____

Name of Firm: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____ email: _____

Telephone No: _____ Cell No: _____ Fax No: _____

3. Building Information

MODULAR FLOORPLAN MODULAR COMPONENT RECERTIFICATION

Project Name: _____ Estimated Cost: _____

Serial Number: _____ Building Area: _____ Stories: _____ Number of Modules: _____

Design Wind Speed: _____ Floor Live Load(s): _____ Construction Type: _____

Proposed Use and Occupancy Classification(s): (IN ACCORDANCE WITH CHAPTER 3 OF THE IBC. CHECK ALL THAT APPLY)

Assembly Business Educational Factory/industrial High Hazard
 Institutional Mercantile Residential Storage Utility/ Misc.

Project Includes: (CHECK ALL THAT APPLY TO MANUFACTURING SCOPE OF WORK. ADDITION SUBMITTALS MAY BE REQUIRED BY THIS OFFICE.)

Fire Alarm System Sprinkler System Kitchen Hood Special Locking Other System

4. Third Party Reviewer

Attach sheets as necessary to include additional registered individuals

Reviewer: LAST NAME: _____ FIRST NAME: _____ INITIAL: _____

LSUCCC Registration No: _____ Type of Registration _____

Reviewer: LAST NAME: _____ FIRST NAME: _____ INITIAL: _____

LSUCCC Registration No: _____ Type of Registration _____

Reviewer: LAST NAME: _____ FIRST NAME: _____ INITIAL: _____

LSUCCC Registration No: _____ Type of Registration _____

Company Name: _____