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 75 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
4. Select Appeal Type/Deficiency Type/Sub-Type: (cont.)

B) □ Accessibility
   - General Accessibility
   - Accessible Routes
   - Parking
   - Toilet Rooms
   - Bathing Rooms
   - Reach Range
   - Clear Floor Space
   - Changes in Level
   - Doors
   - Ramps
   - Stairs
   - Handrails
   - Other

C) □ Subsequent Appeal
D) □ Product Evaluation
E) □ Building Code Equivalencies for Industrialized Buildings
F) □ Smoke Generation and/or Timed Egress Flow Analysis

5. Description of Deficiency: ____________________________________________________________
   ________________________________________________________________________________
   ________________________________________________________________________________
   ________________________________________________________________________________
   ________________________________________________________________________________
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6. Proposed Equivalency: ______________________________________________________________
   ________________________________________________________________________________
   ________________________________________________________________________________
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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)

[ ] Sprinkler System – 13
[ ] Sprinkler System – 13 D
[ ] Sprinkler System – 13 R
[ ] Owned and Operated By a Religious Entity
[ ] Kitchen Hood Fire Suppression System
[ ] Fire Alarm System
[ ] Boiler(s)
[ ] Clean Agent
[ ] Covered Mall Building
[ ] Underground Building

[ ] Sprinkler System – 13 D
[ ] Aircraft Related
[ ] Motor-Vehicle Related
[ ] Owned and Operated By a Religious Entity
[ ] Hazardous Materials
[ ] Fire Alarm System
[ ] University / College
[ ] Special Locking System(s)
[ ] Emergency Shelter

[ ] Special Amusement
[ ] Hazardous Materials
[ ] Generator (Required)
[ ] Generator (Non-Required)

[ ] University / College
[ ] Ambulatory Health Care

10. 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

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**

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**ADDITIONAL CONTACT**

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**11. DOCUMENTS PROVIDED FOR REVIEW**

- [ ] Correspondence
- [ ] Plans
- [ ] Shop Drawings
- [ ] Specifications
- [ ] Photographs

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

**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