1. [ ] NEW PLAN REVIEW  [ ] RESUBMITAL
   ASSOCIATED EXISTING PROJECT:  P0______________________________
   EXISTING PROJECT NAME:  ______________________________________

2. REVIEW TYPE:
   [ ] FIRE ALARM SYSTEM

3. New 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. Is this system required by Code or by an Equivalency to Code?  [ ] Yes  [ ] No
   Please select the Fire Alarm System type:
   [ ] Local System  [ ] Remote Station  [ ] Central Station  [ ] Proprietary
   Is the system a new installation or a modification to an existing system?  [ ] New  [ ] Modification
   Fire Alarm Firm’s License Number:  _____________________________
   Are the plans being submitted by an OSFM licensed qualifier?  [ ] Yes  [ ] No
   Qualifier’s License Number:  ____________________  Engineer’s License Number:  ____________________

5. Indicate the device types to be included in the system and the number of each:
   [ ] Strobe:  Number of Devices:  ________  [ ] Speaker/Strobe:  Number of Devices:  ________
   [ ] Speaker:  Number of Devices:  ________  [ ] Horn:  Number of Devices:  ________
   [ ] Horn/Strobe:  Number of Devices:  ________  [ ] Heat Detector:  Number of Devices:  ________
   [ ] Smoke Detector:  Number of Devices:  ________  [ ] Relay Module:  Number of Devices:  ________
   [ ] Panel:  Number of Devices:  ________  [ ] Carbon Monoxide Detector:  Number of Devices:  ________
6. OCCUPANCY CLASSIFICATION(s)

☐ ASSEMBLY ________________ square feet
- 50 TO 299 OCCUPANTS
- 300 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)
  - ________________
  - ________________
  - ________________
  - ________________
  - ________________
7. 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
☐ Not Provided / Unknown

8. CONSTRUCTION TYPE
☐ V-B / V(000)
☐ V-A / V(111)
☐ IV-HT / IV(2HH)
☐ III-B / III(200)
☐ III-A / III(211)
☐ II-B / II(000)
☐ II-A / II(111)
☐ I-B / II(222)
☐ I-A / I(332)
☐ I-A / I(442)
☐ Not Provided / Unknown

9. 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: ________________
☐ Archict Louisiana License Number: ________________

☐ OWNER

□ 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
10. 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

11. 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. 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.
- “Devices” are identified as visual notification devices, system smoke detectors, and system heat detectors only.

**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.
ITEM REVIEW FEE

| Number of devices = 1 – 25 | $ 75     |
| Number of devices = 26 – 50 | $ 105    |
| Number of devices = 51 – 75 | $ 135    |
| Number of devices = 76 – 100 | $ 165    |
| Number of devices = 101 – above | $ 165 + $ 30 for each additional group of 1-25 devices over 100 |

Calculated fee attached: __________

- **Fire Alarm System - Minor Scope Of Work (MSW)**

  Projects with minimal scopes of work (MSW) are considered for exemption from the full review fee (MSW fee is $20) under the following conditions:

  1. Minor alterations/additions/modifications to **EXISTING** fire alarm systems, that do not jeopardize required system performance and involve up to a maximum of ten (10) devices, are permitted as “Minor Scopes of Work” (MSW).
  2. Installations of, and modifications to, NON-REQUIRED fire alarm systems must be submitted for review, but are considered minor scopes of work (MSW).
  3. A plan review submittal is not required for corrective work ordered by the Fire Marshal Inspector and identified in the inspection report, subject to the following stipulations:
     a. Limited to manual pull stations, smoke detectors, heat detectors and audible/visual notifications appliances.
     b. This policy shall not apply to other fire alarm systems components such as additional fire alarm control panels, digital alarm communication equipment or similar devices cited by inspection. If these devices are required to be added to the fire alarm system, then the inspector shall require the shop drawings to be re-submitted to the plan reviewer with an application, appropriate review fee and a copy of the inspection report identifying the deficiencies.
     c. Limited to a maximum of ten (10) devices.
     d. Contractor shall provide revised battery calculations to the inspector.
     e. Contractor shall provide all information concerning the devices listing and compatibility (i.e. 2-wire smoke detectors and certain heat detectors).
  4. Complete all information on the FIRE ALARM REVIEW APPLICATION.
     a. Provide the State Fire Marshal Architect Review number, copy of inspection report, or reason for modification. If there is no architectural State Fire Marshal Architectural review number, indicate inspection report or reason for fire alarm system modification in the PROJECT DESCRIPTION (Item no 3 above). Provide copy of inspection report with submittal. Owner to provide reason for the submittal indicated in the description of work, if the reason is not as stated above.
     b. PROJECT DESCRIPTION of work shall include the number of fire alarm devices and the cost of the work to be done.
     c. When the FIRE ALARM REVIEW APPLICATION is complete, it may be delivered to the S.F.M. Plan Review Section, with sufficient supplemental information and payment for review. (Money orders, cashier’s checks, certified checks, and company checks are accepted. Personal checks accepted – must include LA driver’s license number on check.)