FIRE SUPPRESSION SYSTEM REVIEW APPLICATION

1.  □ NEW PLAN REVIEW  □ RESUBMITTAL

ASSOCIATED EXISTING PROJECT:  P0______________________________

EXISTING PROJECT NAME:  ________________________________________

2.  SELECT ONLY ONE OF THE FOLLOWING:

☐ Sprinkler System  ☐ Suppression System

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.

   Does this building have an attic?  □ Yes  □ No

Estimated Cost of Project:  $ _____________________________

Project Description:  _______________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

4.  TYPE OF INSTALLATION

Firm’s License Number:  ________________________________

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

Qualifier’s License Number:  ________________________________

Engineer’s / Plumber’s License Number:  ________________________________

☐ New Installation  ☐ Modification to Existing System  ☐ Isolated Hazard Protection  ☐ Backflow

Number Heads per Floor  ____________  Number of Calculations  ____________

5.  SPRINKLER SYSTEM: FULL REVIEW

SELECT SPRINKLER SYSTEM TYPE:

☐ NFPA 13 system  ☐ Pump

☐ NFPA 13R system  ☐ Tank

☐ NFPA 13D system  ☐ Other  ________________________________

☐ Standpipe

IDENTIFY HAZARD CLASSIFICATION

☐ Light  ☐ Extra – Group I

☐ Ordinary – Group I  ☐ Extra – Group II

☐ Ordinary – Group II  ☐ Special Occupancy

☐ Storage

☐ Extra – Group I

☐ Special Use
IDENTIFY COMMODITY CLASSIFICATION

- Class I  Group A Plastics
- Class II  Group B Plastics
- Class III Combustible Liquids
- Class IV Other

IDENTIFY PIPING SYSTEM TYPE

- Wet
- Dry
- Both

IDENTIFY WATER SOURCE

- Municipal
- Private

6. SPRINKLER SYSTEM: MINOR SCOPE OF WORK (NO MORE THAN 20 HEADS)

DESCRIBE SCOPE OF WORK: ____________________________________________________________

__________________________________________________________________________________

DESCRIBE EFFECT ON SYSTEM: ________________________________________________________

__________________________________________________________________________________

SPRINKLER HEAD INFORMATION:

SIN: __________________ Temp Rating: __________________________ Orifice Size: __________

IDENTIFY HAZARD CLASSIFICATION: __________________________

PUMP INFORMATION

Churn: ______________ Rated: ______________ Max: ______________________

FLOW TEST

- Municipal
- Private

7. KITCHEN HOOD SUPPRESSION SYSTEM:

Identify the Code used for the design: ______________

NUMBER OF DEVICES:

- New: _____________  Removed: _____________
- Relocated: __________  Replaced: ___________

Is current system UL300 compliant?  □ Yes  □ No

DESCRIBE SCOPE OF WORK: ____________________________________________________________

__________________________________________________________________________________

EQUIPMENT TO BE PROTECTED: _______________________________________________________

__________________________________________________________________________________

Type of Agent: ______________

8. OTHER SUPPRESSION SYSTEM TYPES: (PAINT BOOTH SUPPRESSION, CLEAN AGENT)

Identify the Code used for the design: ______________

NUMBER OF DEVICES:

- New: _____________  Removed: _____________
- Relocated: __________  Replaced: ___________

Number of Calculations: __________
DESCRIBE SCOPE OF WORK: ______________________________________________________
__________________________________________________________________________
__________________________________________________________________________

9. WATER SUPPLY DATA:

Static pressure: ________________  Test Date: _________________________________
Residual Pressure: ________________  Test Time: _______________________________
Flow: ________________  Tested by: ________________________________

Will the system have a pump? □ Yes  □ No

Pump Rating: _____________________

Pump Test Date: ___________________

10. OCCUPANCY CLASSIFICATION(s)

□ ASSEMBLY ________________ square feet
   □ 50 TO 299 OCCUPANTS  □ 300 TO 499 OCCUPANTS
   □ 500 TO 999 OCCUPANTS  □ 1,000 OCCUPANTS OR MORE

□ INSTITUTIONAL ________________ square feet
   □ Group I-1 (Group Care)
      □ Hospital  □ Limited Care Facility  □ Nursing Home
   □ Group I-2 (Health Care)
   □ 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

11. 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
- Aircraft Related
- Owned and Operated By a Religious Entity
- Kitchen Hood Fire Suppression System
- Boiler(s)
- Clean Agent
- Covered Mall Building
- Underground Building
- Motor-Vehicle Related
- Special or Platform
- Special Locking System(s)
- Paint Booth
- Casino/Gaming Area
- Atrium
- Hazardous Materials
- University / College
- Emergency Shelter
- Generator (Required)
- Generator (Non-Required)
- Ambulatory Health Care

12. 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
13. 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

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
14. 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

15. REVIEW FEE & PAYMENT (See the FEE SCHEDULE on the following pages 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. 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.

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.

**SPRINKLER SYSTEM REVIEW**

<table>
<thead>
<tr>
<th>ITEM</th>
<th>REVIEW FEE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sprinkler heads per floor = 1 – 50      ____   x $ 30 = $</td>
<td></td>
</tr>
<tr>
<td>Sprinkler heads per floor = 51 – 300    ____   x $ 60 = $</td>
<td></td>
</tr>
<tr>
<td>Sprinkler heads per floor = 301 – 450   ____   x $ 120 = $</td>
<td></td>
</tr>
<tr>
<td>Sprinkler heads per floor = 451 - above ____   x $ 150 = $</td>
<td></td>
</tr>
<tr>
<td>Number of calculations               ____   x $ 40 = $</td>
<td></td>
</tr>
<tr>
<td>Add for fee increase plus postage &amp; handling    $ 25 = $</td>
<td></td>
</tr>
</tbody>
</table>

CALCULATED FEE ATTACHED TOTAL = $

**CHEMICAL FIRE SUPPRESSION SYSTEM REVIEW**

<table>
<thead>
<tr>
<th>ITEM</th>
<th>REVIEW FEE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of devices = 1 – 10      ____   x $ 30 = $</td>
<td></td>
</tr>
<tr>
<td>Number of devices = 11 – 25     ____   x $ 60 = $</td>
<td></td>
</tr>
<tr>
<td>Number of devices = 26 – 50     ____   x $ 120 = $</td>
<td></td>
</tr>
<tr>
<td>Number of devices = 51 – 75     ____   x $ 180 = $</td>
<td></td>
</tr>
<tr>
<td>Number of devices = 76 – 100    ____   x $ 200 = $</td>
<td></td>
</tr>
<tr>
<td>Number of devices = 101 – above ____   x $ 300 = $</td>
<td></td>
</tr>
<tr>
<td>Number of calculations           ____   x $ 40 = $</td>
<td></td>
</tr>
<tr>
<td>Add for fee increase plus postage &amp; handling    $ 25 = $</td>
<td></td>
</tr>
</tbody>
</table>

CALCULATED FEE ATTACHED TOTAL = $
Sprinkler System - Minor Scope Of Work (MSW)
Alterations/additions to an EXISTING system that do not jeopardize system performance (up to a maximum of 20 heads) qualify as Minor Scope of Work (MSW), whereas the review fee is reduced to $20 under the following conditions;

1. Minor modifications to an EXISTING automatic sprinkler system, involving alterations/additions (up to a maximum of twenty (20) heads) and as referred to in NFPA 101:9.7.1.2, are permitted as minor scopes of work (MSW). This scope of work must be limited to modifications which will not jeopardize system performance.
2. A plan review submittal is not required for replacements of identical devices, materials, etc. done as part of maintenance or repairs. (Refer to NFPA 25).
3. A complete fire protection submittal is required if:
   a. The EXISTING system is extended into a previously unprotected area (may be considered on a case by case basis with supporting documentation), or
   b. Devices, materials, etc. are replaced by components which are not identical and/or require calculations, or
   c. Modification involve supplying two (2) or more heads from one (1) existing outlet, or
   d. Modifications are resultant from a change of occupancy, or involve increase of hazard and/or special protection requirements (water curtain, concealed spaces, canopies, etc.).
4. NFPA 101:9.7.1.2 Protection of Isolated Hazards
   a. Protection of one (1) isolated hazard (enclosed room), with 130 sq. ft. maximum protection area (s x 1), requiring only one standard orifice sprinkler head, may be performed by a Louisiana licensed plumber or a Louisiana licensed sprinkler contractor.
   b. Protection of one (1) isolated hazard exceeding a one (1) sprinkler head scope is required to be performed only by a Louisiana licensed sprinkler contractor.
   c. A building having one (1) or more (no limit) isolated hazards each meeting the scope of 4. A, above, any be performed by a Louisiana licensed plumber or a Louisiana licensed sprinkler contractor.
   d. Exemption Request process required for all three scopes of work described above. The design and installation shall comply with NFPA 101:9.7.1.2 and applicable provisions of NFPA 13. Proof of adequate domestic water supply is required. If Item 4.b. above, includes two (2) or more heads in the room, a sketch of the layout and piping with a calculation to the source must accompany the exemption request. If Item 4.b. above, does not document adequate water supply, or if the typical orifice (1/2") sprinklers is not used, a standard fire protection submittal is required.
5. Complete all information on the FIRE SUPPRESSION PLAN 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 sprinkler modification in the PROJECT DESCRIPTION of work (Item no 3 and 6 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 sprinklers, area covered by this MSW and the cost of the work to be done.
   c. When the FIRE SUPPRESSION PLAN 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.)

Chemical Fire Suppression System - Minor Scope Of Work (MSW)
Alterations/additions to an EXISTING system that do not jeopardize system performance (up to a maximum of 10 nozzles) qualify as Minor Scope of Work (MSW), whereas the review fee is reduced to $20 under the following conditions;

1. Minor modifications to an EXISTING chemical fire suppression system, involving alterations/additions (up to a maximum of 10 nozzles) are permitted as minor scopes of work (MSW). This scope of work must be limited to modifications which will not jeopardize system performance.
2. A plan review submittal is not required for replacements of identical devices, materials, etc. done as part of maintenance or repairs.