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:  

4. 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:  

5. 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
☐ 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
6. 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
- Boiler(s)
- Clean Agent
- Covered Mall Building
- Underground Building
- Stage or Platform
- Aircraft Related
- Motor-Vehicle Related
- Special Amusement
- Fire Alarm System
- Special Locking System(s)
- Paint Booth
- Casino/Gaming Area
- Atrium
- Hazardous Materials
- University / College
- Emergency Shelter
- Generator (Required)
- Generator (Non-Required)
- Ambulatory Health Care

7. 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

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: ____________
  - P.O.R is a Louisiana Licensed 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
9. 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

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.

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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 ___________
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<th>Occupancy</th>
<th>Square Footage</th>
<th>Base Review Fee</th>
<th>LSUCC Review Fee</th>
<th>Total Review Fee</th>
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<td>2,501 - 4,500</td>
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<td>+ $420.00</td>
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<td>4,501 - 10,000</td>
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<td>+ $1,501.00</td>
<td>$1,806.00</td>
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<td>+ $1,960.00</td>
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<td>100,001 and over</td>
<td>$555.00</td>
<td>+ $1,960.00 + .010/sqft over 100,000sqft</td>
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<td><strong>EDUCATIONAL or DAYCARE</strong></td>
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<td>Groups E, I-4</td>
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<td>+ $280.00</td>
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<td>+ $420.00</td>
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<td>150,001 and over</td>
<td>$425.00</td>
<td>+ $1,595.00 + .010/sqft over 150,000sqft</td>
<td>$2,020.00 + .010/sqft over 150,000sqft</td>
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<td><strong>HEALTH CARE, INSTITUTIONAL, or DETENTION</strong> (Includes Limited Care/Assisted Living facilities)</td>
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<td>$205.00</td>
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<td>$205.00</td>
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<td>20,001-30,000</td>
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<td>+ $1,015.00</td>
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<td>$505.00</td>
<td>+ $2,485.00</td>
<td>$2,990.00</td>
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<td>100,001 and over</td>
<td>$705.00</td>
<td>+ $2,485.00 + .020/sqft over 100,000sqft</td>
<td>$3,190.00 + .020/sqft over 100,000sqft</td>
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<td><strong>HOTELS, DORMITORIES, APARTMENTS, LODGING or ROOMING HOUSES, RESIDENTIAL BOARD AND CARE FACILITIES</strong></td>
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<td>Groups R-1, R-2, R-3, R-4, I-1</td>
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<td>$55.00</td>
<td>+ $280.00</td>
<td>$335.00</td>
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<td>2,501-10,000</td>
<td>$85.00</td>
<td>+ $420.00</td>
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<td>10,001-30,000</td>
<td>$205.00</td>
<td>+ $1,015.00</td>
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<td>30,001-80,000</td>
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<td>+ $1,995.00</td>
<td>$2,400.00</td>
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<td>150,001 and over</td>
<td>$505.00</td>
<td>+ $1,995.00 + .010/sqft over 150,000sqft</td>
<td>$2,500.00 + .010/sqft over 150,000sqft</td>
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<td>New High rise</td>
<td>$705.00</td>
<td>+ $1,995.00 + .010/sqft over 150,000sqft</td>
<td>$2,700.00 + .010/sqft over 150,000sqft</td>
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</tbody>
</table>
## 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).

### ITEM REVIEW FEE

| Number of locking locations = 1 – 10 | $ 20 |

### 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 + $0.10/sqft over 150,000sqft | = $1,430.00 |
| New High rise | $525.00 | + $1,105.00 + $0.10/sqft over 150,000sqft | = $1,630.00 + $0.10/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 + $0.20/sqft over 100,000sqft | = $945.00 + $0.20/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 + $0.30/sqft over 2,000sqft |