

6. 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: _____

7. 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

FACTORY / INDUSTRIAL (cont.)

- 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
 - 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

8. ADDITIONAL FEATURES

(Select ALL applicable fire protection or occupancy features that are associated with this project)

- | | | |
|---|---|---|
| <input type="checkbox"/> Sprinkler System – 13 | <input type="checkbox"/> Stage or Platform | <input type="checkbox"/> Motor-Vehicle Related |
| <input type="checkbox"/> Sprinkler System – 13 D | <input type="checkbox"/> Aircraft Related | <input type="checkbox"/> Special Amusement |
| <input type="checkbox"/> Sprinkler System – 13 R | <input type="checkbox"/> Owned and Operated By a Religious Entity | <input type="checkbox"/> Hazardous Materials |
| <input type="checkbox"/> Kitchen Hood Fire Suppression System | <input type="checkbox"/> Fire Alarm System | <input type="checkbox"/> University / College |
| <input type="checkbox"/> Boiler(s) | <input type="checkbox"/> Special Locking System(s) | <input type="checkbox"/> Emergency Shelter |
| <input type="checkbox"/> Clean Agent | <input type="checkbox"/> Paint Booth | <input type="checkbox"/> Generator (Required) |
| <input type="checkbox"/> Covered Mall Building | <input type="checkbox"/> Casino/Gaming Area | <input type="checkbox"/> Generator (Non-Required) |
| <input type="checkbox"/> Underground Building | <input type="checkbox"/> Atrium | <input type="checkbox"/> Ambulatory Health Care |

9. CONSTRUCTION TYPE

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> V-B / V(000)
(NON-RATED WOOD) | <input type="checkbox"/> V-A / V(111)
(FIRE-RATED WOOD) | <input type="checkbox"/> IV-HT / IV(2HH)
(HEAVY TIMBER) | <input type="checkbox"/> III-B / III(200)
(COMBINATION WOOD/STEEL/CONC) |
| <input type="checkbox"/> III-A / III(211)
(COMBINATION WOOD/STEEL/CONC) | <input type="checkbox"/> II-B / II(000)
(NON-RATED STEEL/CONC) | <input type="checkbox"/> II-A / II(111)
(1 HOUR RATED STEEL/CONC) | <input type="checkbox"/> I-B / II(222)
(2 HOUR RATED STEEL/CONC) |
| <input type="checkbox"/> I-A / I(332)
(3 HOUR RATED STEEL/CONC) | <input type="checkbox"/> I-A / I(442)
(4 HOUR RATED STEEL/CONC) | <input type="checkbox"/> Not Provided / Unknown | |

10. 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: _____
 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	

12. 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

13. 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.

- 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.

Plan 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 “**Base Review Fee**” indicated in the following schedule.

In addition, in the instance the State Fire Marshal inspects plans and specifications on behalf of a political subdivision and others for compliance with the State Uniform Construction Code under authority of R.S. 40:1730.39.A, the applicant shall pay to the office of state fire marshal, code enforcement and building safety, an additional plan review or document fee based on the “**LSUCC Review Fee**” indicated in the following schedule.

Calculated fee attached: _____

Occupancy	Square Footage	Base Review Fee	LSUCC Review Fee	Total Review Fee
ASSEMBLY Groups A-1, A-2, A-3, A-4, A-5	0 - 2500	\$35.00	+ \$280.00	= \$315.00
	2,501 - 4,500	\$65.00	+ \$420.00	= \$495.00
	4,501 - 10,000	\$185.00	+ \$1,015.00	= \$1,200.00
	10,001 - 50,000	\$295.00	+ \$1,501.00	= \$1,786.00
	50,001 - 100,000	\$385.00	+ \$1,960.00	= \$2,345.00
	100,001 and over	\$535.00	+ \$1,960.00 + .01/sqft over 100,000sqft	= \$2,495.00 + .01/sqft over 100,000sqft
EDUCATIONAL or DAYCARE Groups E, I-4	0 - 5,000	\$35.00	+ \$280.00	= \$315.00
	5,001 - 10,000	\$65.00	+ \$420.00	= \$495.00
	10,001 - 30,000	\$105.00	+ \$615.00	= \$720.00
	30,001 - 80,000	\$205.00	+ \$1,105.00	= \$1,310.00
	80,001 - 150,000	\$305.00	+ \$1,595.00	= \$1,900.00
	150,001 and over	\$405.00	+ \$1,595.00 + .01/sqft over 150,000sqft	= \$2,000.00 + .01/sqft over 150,000sqft
HEALTH CARE, INSTITUTIONAL, or DETENTION (Includes Limited Care/Assisted Living facilities) Groups I-2, I-3	0-2,000	\$185.00	+ \$280.00	= \$465.00
	2,001-5,000	\$185.00	+ \$510.00	= \$695.00
	5,001-10,000	\$185.00	+ \$765.00	= \$950.00
	10,001-20,000	\$285.00	+ \$1,015.00	= \$1,300.00
	20,001-30,000	\$385.00	+ \$1,015.00	= \$1,400.00
	30,001-50,000	\$385.00	+ \$1,995.00	= \$2,380.00
	50,001-100,000	\$485.00	+ \$2,485.00	= \$2,970.00
	100,001 and over	\$685.00	+ \$2,485.00 + .02/sqft over 100,000sqft	= \$3,170.00 + .02/sqft over 100,000sqft
	New High rise	\$835	+ \$2,485.00 + .02/sqft over 100,000sqft	+ \$3,320.00 + .02/sqft over 100,000sqft

HOTELS, DORMITORIES, APARTMENTS, LODGING or ROOMING HOUSES, RESIDENTIAL BOARD AND CARE FACILITIES Groups R-1, R-2, R-3, R-4, I-1	0-2,500	\$35.00	+ \$280.00	= \$315.00
	2,501-10,000	\$65.00	+ \$420.00	= \$495.00
	10,001-30,000	\$185.00	+ \$1,015.00	= \$1,200.00
	30,001-80,000	\$285.00	+ \$1,505.00	= \$1,790.00
	80,001-150,000	\$385.00	+ \$1,995.00	= \$2,380.00
	150,001 and over	\$485.00	+ \$1,995.00 + .01/sqft over 150,000sqft	= \$2,480.00 + .01/sqft over 150,000sqft
	New High rise	\$685.00	+ \$1,995.00 + .01/sqft over 150,000sqft	= \$2,680.00 + .01/sqft over 150,000sqft
BUSINESS or MERCANTILE Groups M, B	0-3,000	\$35.00	+ \$280.00	= \$315.00
	3,001-10,000	\$65.00	+ \$420.00	= \$485.00
	10,001-30,000	\$95.00	+ \$580.00	= \$675.00
	30,001-50,000	\$155.00	+ \$860.00	= \$1,015.00
	50,001-150,000	\$205.00	+ \$1,105.00	= \$1,310.00
	150,001 and over	\$305.00	+ \$1,105.00 + .01/sqft over 150,000sqft	= \$1,410.00 + .01/sqft over 150,000sqft
	New High rise	\$505.00	+ \$1,105.00 + .01/sqft over 150,000sqft	= \$1,610.00 + .01/sqft over 150,000sqft
INDUSTRIAL or STORAGE Groups F-1, F-2, S-1, S-2, U	0-10,000	\$35.00	+ \$280.00	= \$315.00
	10,001-20,000	\$65.00	+ \$420.00	= \$485.00
	20,001-50,000	\$95.00	+ \$580.00	= \$675.00
	50,001-100,000	\$125.00	+ \$720.00	= \$845.00
	100,001 and over	\$205.00	720.00 + .01/sqft over 100,000sqft	= \$925.00 + .01/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 + .030/sqft over 2,000sqft	

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.