

# 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: \_\_\_\_\_

- 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. 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

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
  - \*(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

UTILITY / MISCELLANEOUS \_\_\_\_\_ square feet  
 Provide a Description of Use: \_\_\_\_\_  
 \_\_\_\_\_



TOTAL SQUARE FEET OF THE AREA UNDER REVIEW (WORK AREA): \_\_\_\_\_ SQ FT

**6. 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   |

**7. CONSTRUCTION TYPE**

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> V-B / V(000)<br>(NON-RATED WOOD)                  | <input type="checkbox"/> V-A / V(111)<br>(FIRE-RATED WOOD)         | <input type="checkbox"/> IV-HT / IV(2HH)<br>(HEAVY TIMBER)           | <input type="checkbox"/> III-B / III(200)<br>(COMBINATION WOOD/STEEL/CONC) |
| <input type="checkbox"/> III-A / III(211)<br>(COMBINATION WOOD/STEEL/CONC) | <input type="checkbox"/> II-B / II(000)<br>(NON-RATED STEEL/CONC)  | <input type="checkbox"/> II-A / II(111)<br>(1 HOUR RATED STEEL/CONC) | <input type="checkbox"/> I-B / II(222)<br>(2 HOUR RATED STEEL/CONC)        |
| <input type="checkbox"/> I-A / I(332)<br>(3 HOUR RATED STEEL/CONC)         | <input type="checkbox"/> I-A / I(442)<br>(4 HOUR RATED STEEL/CONC) | <input type="checkbox"/> 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: \_\_\_\_\_  
 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

**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.

Occupancy	Square Footage	Base Review Fee	LSUCC Review Fee	Total Review Fee
<b>ASSEMBLY</b>  Groups A-1, A-2, A-3, A-4, A-5	0 - 2500	\$55.00	+ \$280.00	= \$335.00
	2,501 - 4,500	\$85.00	+ \$420.00	= \$505.00
	4,501 - 10,000	\$205.00	+ \$1,015.00	= \$1,220.00
	10,001 - 50,000	\$305.00	+ \$1,501.00	= \$1,806.00
	50,001 - 100,000	\$405.00	+ \$1,960.00	= \$2,365.00
	100,001 and over	\$555.00	+ \$1,960.00 + .010/sqft over 100,000sqft	= \$2,515.00 + .010/sqft over 100,000sqft
<b>EDUCATIONAL or DAYCARE</b>  Groups E, I-4	0 - 5,000	\$55.00	+ \$280.00	= \$335.00
	5,001 - 10,000	\$85.00	+ \$420.00	= \$505.00
	10,001 - 30,000	\$125.00	+ \$615.00	= \$740.00
	30,001 - 80,000	\$225.00	+ \$1,105.00	= \$1,330.00
	80,001 - 150,000	\$325.00	+ \$1,595.00	= \$1,920.00
	150,001 and over	\$425.00	+ \$1,595.00 + .010/sqft over 150,000sqft	= \$2,020.00 + .010/sqft over 150,000sqft
<b>HEALTH CARE, INSTITUTIONAL, or DETENTION (Includes Limited Care/Assisted Living facilities)</b>  Groups I-2, I-3	0-2,000	\$205.00	+ \$280.00	= \$485.00
	2,001-5,000	\$205.00	+ \$510.00	= \$715.00
	5,001-10,000	\$205.00	+ \$765.00	= \$970.00
	10,001-20,000	\$305.00	+ \$1,015.00	= \$1,320.00
	20,001-30,000	\$405.00	+ \$1,015.00	= \$1,420.00
	30,001-50,000	\$405.00	+ \$1,995.00	= \$2,400.00
	50,001-100,000	\$505.00	+ \$2,485.00	= \$2,990.00
	100,001 and over	\$705.00	+ \$2,485.00 + .020/sqft over 100,000sqft	= \$3,190.00 + .020/sqft over 100,000sqft
	New High rise	\$855	+ \$2,485.00 + .020/sqft over 100,000sqft	+ \$3,340.00 + .020/sqft over 100,000sqft
<b>HOTELS, DORMITORIES, APARTMENTS, LODGING or ROOMING HOUSES, RESIDENTIAL BOARD AND CARE FACILITIES</b>  Groups R-1, R-2, R-3, R-4, I-1	0-2,500	\$55.00	+ \$280.00	= \$335.00
	2,501-10,000	\$85.00	+ \$420.00	= \$505.00
	10,001-30,000	\$205.00	+ \$1,015.00	= \$1,220.00
	30,001-80,000	\$305.00	+ \$1,505.00	= \$1,810.00
	80,001-150,000	\$405.00	+ \$1,995.00	= \$2,400.00
	150,001 and over	\$505.00	+ \$1,995.00 + .010/sqft over 150,000sqft	= \$2,500.00 + .010/sqft over 150,000sqft
	New High rise	\$705.00	+ \$1,995.00 + .010/sqft over 150,000sqft	= \$2,700.00 + .010/sqft over 150,000sqft

<b>BUSINESS or MERCANTILE</b>  <b>Groups M, B</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 + .010/sqft over 150,000sqft	= \$1,430.00
	New High rise	\$525.00	+ \$1,105.00 + .010/sqft over 150,000sqft	= \$1,630.00 + .010/sqft over 150,000sqft
<b>INDUSTRIAL or STORAGE</b>  <b>Groups F-1, F-2, S-1, S-2, U</b>	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 + .020/sqft over 100,000sqft	= \$945.00 + .020/sqft over 100,000sqft
<b>HIGH HAZARD Groups H-1, H-2, H-3, H-4, H-5</b>	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.
3. Projects with minimal scopes of work (MSW) may be considered for exemption from the full review fee (MSW fee is \$20).

<u>ITEM</u>	<u>REVIEW FEE</u>
Number of locking locations = 1 – 10	\$ 20