

OSFM PLAN SUBMITTAL FORM

PROJECT INFORMATION

Name of Project: _____

Address of Project: _____

City: _____ County: _____ Date of Construction: _____

SUBMITTER INFORMATION

Submitter's Name: _____

Address: _____

City: _____ Zip: _____ Telephone: _____

Note: If plans are forwarded by, or in the name of, the local fire chief, an address and telephone number should be provided indicating who can answer OSFM questions relative to the plans and to whom the plans should be returned to when review is completed.

The Plans are for:

- New construction
- An addition to an existing building
- Remodeling of an existing building:
 - To serve the same occupancy classification as the most recent occupancy
 - Changing the occupancy classification from that of the most recent occupancy

Occupancy Classification

- | | | |
|---|---|---|
| <input type="checkbox"/> Ambulatory Health Care | <input type="checkbox"/> Detention and Correctional | <input type="checkbox"/> Residential Board and Care |
| <input type="checkbox"/> Assembly | <input type="checkbox"/> Hotel/Dormitory | <input type="checkbox"/> Storage |
| <input type="checkbox"/> Apartment Building | <input type="checkbox"/> Industrial | |
| <input type="checkbox"/> Business | <input type="checkbox"/> Lodging & Rooming House | |
| <input type="checkbox"/> Day Care Center | <input type="checkbox"/> Mercantile | |
| <input type="checkbox"/> Day Care Home | <input type="checkbox"/> One- and Two-Family Dwelling | |

Mixed Occupancy Classifications: _____

Number of Stories

- One Two Three Four > Four "High rise" (> 75 ft)

Is there a Basement or one or more levels below the level of exit discharge?:

- Yes No

Construction Classification per NFPA Standard #220

- | | | | |
|---------------------------------------|--|---|---------------------------------------|
| <input type="checkbox"/> Type I (443) | <input type="checkbox"/> Type II (222) | <input type="checkbox"/> Type III (211) | <input type="checkbox"/> Type V (111) |
| <input type="checkbox"/> Type I (332) | <input type="checkbox"/> Type II (111) | <input type="checkbox"/> Type III (200) | <input type="checkbox"/> Type V (000) |
| | <input type="checkbox"/> Type II (000) | <input type="checkbox"/> Type IV (2HH) | |

Will the building be protected by an automatic fire sprinkler system?:

- No
 Only partially in some areas or rooms
Please Specify: _____

- Yes
If yes, the standard to which the sprinkler system will be designed:

- NFPA 13 NFPA 13R NFPA 13D

Will the building be protected by an automatic fire alarm system?:

- No
 Only partially in some areas or rooms:
Please Specify: _____

- Yes
If yes, what features are included as part of the fire alarm system:

- | | |
|--|--|
| <input type="checkbox"/> Manual pull stations | <input type="checkbox"/> Corridor/common areas smoke detectors |
| <input type="checkbox"/> Sleeping room smoke detectors | <input type="checkbox"/> HVAC duct smoke detectors |
| <input type="checkbox"/> Audio notification devices | <input type="checkbox"/> Visual notification devices |
| <input type="checkbox"/> Heat detectors | |
| <input type="checkbox"/> Other detection devices: | _____ |

Will kitchen cooking fire suppression systems be included in the building?:

- No
 Yes
If yes, will the systems comply with NFPA 96?
 Yes No

Please indicate if (and where) the following information is included in the submittal:

Feature	Plan Page Number/s
Location of fire barriers, fire walls, or smoke partitions	
Door and Hardware Schedule	
Interior Finish Schedule	
Electrical plans indicating emergency lighting	
Electrical plans indicating exit marking signs	
Fire suppression system plans	
Fire alarm system plans	
Elevation Views of the Building	
Stair Details	
Ramp Details	
Areas of Refuge	

Are there any known exceptions to the requirements of the 2000 Life Safety Code included in this planned project?

- No
- Yes

If yes, please explain: _____

Any other information that you feel may be pertinent to the OSFM's review of the submitted plans

Signature of Submitter

Printed Name

Date