

Bureau of Facility Standards
Facility Fire Safety and Construction

BFS PLAN SUBMITTAL FORM

PROJECT INFORMATION

Name of Project: _____

Address of Project: _____

City: _____ County: _____ Date of Construction: _____

SUBMITTER INFORMATION

Submitter's Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Telephone: _____

OWNER INFORMATION

Owner's Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Telephone: _____

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

- Ambulatory Health Care
- Healthcare Limited Care Assisted Living
- Healthcare Nursing
- Healthcare Hospital
- Residential Board & Care

Mixed Occupancy Classifications: _____

Number of Licensed Beds Requested _____

License Type: Hospital Skilled Nursing Assisted Living ICF/MR

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 sprinkler system? :

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

- Yes
If yes, the standard to which the sprinkler system will be installed:
 NFPA 13 NFPA 13R NFPA 13D

Will the property 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 area 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"/> Beam detectors |
| <input type="checkbox"/> Other detection devices: _____ | |

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

- No
 Yes

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

Will medical gas systems or medical gas storage/transfilling be included in this building?:

- No
 Yes

If yes, will system or storage comply with NFPA 99? If no, explain:

Will an essential electrical system (generator) be provided in this building?:

- No
 Yes

If yes, will the system comply with NFPA 110?

- Yes No

Fuel Type _____

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	
Window Schedule	
Window elevations with sill heights	
Essential electrical system	
Medical gas system/storage	
Commercial kitchen plan	
Commercial kitchen equipment list	
Life safety plan (based on LSC not IBC)	
Phasing plan	
Nurse Call/Resident Call System	

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: _____

Have plans been previously submitted for this project? Yes No

If yes, when? _____

By whom? _____

Under what name? _____

