

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 Type (as defined by NFPA 101, 2000 Edition)**

- 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 attach a letter requesting a waiver and provide detailed justification and provisions that will ensure the safety of occupants.

**Have plans been previously submitted for this project?**     Yes     No

If yes, when? \_\_\_\_\_

By whom? \_\_\_\_\_

Under what name? \_\_\_\_\_

Comment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Any other information that you feel may be pertinent to the BFS's review of the submitted plans (*attached additional sheets as necessary*):

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Hospital projects:

Which Edition of the Guidelines for Design and Construction of Health Care Facilities are the plans to be reviewed under? \_\_\_\_\_

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Hospital construction projects must attach a functional program.

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Anticipated Occupancy Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Submitter

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

Submit to

**Mark P. Grimes, Supervisor**  
Facility Fire Safety and Construction  
Bureau of Facility Standards  
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Boise, Idaho 83705

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