

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: _____

EMAIL ADDRESS: _____

OWNER INFORMATION

Owner's Name: _____

Address: _____

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

EMAIL ADDRESS: _____

The Plans are for:

- New Construction
- Addition
- Repair
- Renovation
- Modification
- Reconstruction
- Change of use or occupancy classification

Occupancy Type

- 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/ID

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:

Type I (443) Type II (222) Type III (211) Type V (111)
 Type I (332) Type II (111) Type III (200) Type V (000)
 Type II (000) Type IV (2HH)

Type of automatic sprinkler system?:

NFPA 13 NFPA 13R NFPA 13D

Type of automatic fire alarm system?:

Manual Pull Stations Corridor/common area smoke detectors
 Sleeping room smoke detectors HVAC duct smoke detectors
 Audio notification devices Visual notification devices
 Heat detectors Beam detectors
 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 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*):

Hospital projects:

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

Hospital construction projects must attach a functional program.

Anticipated Occupancy Date: _____

Signature of Submitter

Printed Name

Date

Submit to

Facility Fire Safety and Construction Program
Bureau of Facility Standards
3232 Elder Street
Boise, Idaho 83705

Phone (208) 334-6626 Option 3

Fax (208) 364-1888

E-mail: Nate.Elkins@dhw.Idaho.gov