SAFETY FIRE COMMISSIONER

COMMISSIONER OF INSURANCE • INDUSTRIAL LOAN COMMISSIONER • SAFETY FIRE COMMISSIONER • COMPTROLLER GENERAL

Ralph T Hudgens, Commissioner

2 Martin Luther King Jr., Dr., Suite 620, West Tower, Atlanta, GA 30334

Phone: (404) 656-7087

www.oci.ga.gov

SAFETY FIRE

354

354 PLANS TRANSMITTAL FORM

DATE: _____

Please provide all information requested below. **ALL INFORMATION IS REQUIRED** and incomplete submittals are subject to immediate rejection. Everything submitted to the Georgia State Fire Marshal's Office for review (drawings, revisions, addenda, specifications, etc.) must include a completed 354 Transmittal Form.

SUBMITTAL: ___ Full Set ____ Addendum ____ Revision **TYPE:** ____ Prints _____ CD ____ Specifications

PURPOSE of SUBMISSION: ____Permit _____ Resubmission ___ Preliminary ____ Information Only

REVIEW FEE SUBMITTED: $ _____

Pursuant to State Laws and Codes as revised May 13, 2010. See www.oci.ga.gov for fee structure.

ADDRESS TO REMIT ROLLED & BOXED PLANS & DRAWINGS "WITH FEE":

Georgia Dept. of Insurance-Fire Safety Division , 2 Martin Luther King Jr., Dr., Suite 916, West Tower, Atlanta, GA 30334

ADDRESS TO REMIT FLAT PACKAGES (& ALL OTHER EXCEPT ROLLED & BOXED PLANS) "WITH FEE" BY MAIL:

Georgia Dept. of Insurance- Fire Safety Division, P.O. Box 935136, Atlanta, GA 31193-5136

ADDRESS TO REMIT FLAT PACKAGES (& ALL OTHER EXCEPT ROLLED & BOXED PLANS) "WITH FEE" BY COURIER:

Wachovia Bank, Georgia Dept. of Insurance- Fire Safety Division, Lockbox 935136, 3585 Atlanta Ave, Hapeville, GA 30354

FACILITY NAME: _____ ___ New ___ Existing

Project Name: _____ Phone: _____

Street Address (physical location): _____

City: _____ Zip: _____ County: _____

OWNER: _____ Phone: _____

Address: _____ Email: _____

City: _____ State: _____ Zip: _____

ARCHITECT/ENGINEER of RECORD: _____ GA Reg. No. _____

Firm Name: _____

Address: _____ Email: _____

City: _____ State: _____ Zip: _____

Contact Person: _____ Phone: _____

TYPE of OCCUPANCY (per LSC) **:** ____ Assembly ___ Ambulatory Health ___ College ___ Day Care

___ Education ___ Hospital ___ Industrial ___Institution ___ Mercantile ___ Nursing Home

___ Office ___ Personal Care Home ___Race Track ___ Residential ___ Storage

CONSTRUCTION TYPE (circle one group):

NFPA 220	I(443)	I(332)	II(222)	II(111)	II(000)	III(211)	III(200)	IV(2HH)	V(111)	V(000)
IBC		IA	IB	IIA	IIB	IIIA	IIIB	IV	VA	VB

Square Feet: _____ Estimated Cost: _____ Total Number Of Stories: _____

Occupant Load (**Per NFPA 101**): _____ Basement: _____ Yes ____ No Sprinklers: _____ Yes _____ No

RETURN PLANS TO: (Must Be a Street Address - No Post Office Box Addresses)

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____