**SAFETY FIRE COMMISSIONER**

**COMMISSIONER OF INSURANCE • INDUSTRIAL LOAN COMMISSIONER • SAFETY FIRE COMMISSIONER**

Ralph T Hudgens, Commissioner
2 Martin Luther King Jr., Dr., Suite 920, West Tower, Atlanta, GA 30334
Phone: (404) 656-7087

www oci ga gov

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354 PLANS TRANSMITTAL FORM

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**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:** $ __________________ → Make all checks payable to the “Safety Fire Division”

Pursuant to State Laws and Codes as revised May 13, 2010:

**Remit Review Fee ONLY attached to a copy of this completed 354 Form to:**

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

**Remit ALL Building Plans & Specs along w/ this completed 354 Form to:**

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

**Applications up for review & permitting will be reviewed when fees have been paid & processed**

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**FACILITY NAME:** ____________________________ New ____ Existing ____

Project Name: ____________________________ Phone: __________________

Street Address (physical location): ____________________________

City: ____________________________ Zip: ____________ County: ____________

**OWNER:**

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) I(222) I(111) I(000) III(111) III(200) IV(2HH) V(111) V(000)
- IBC IA IB IIA IIB IIIA IIIB IV VA VB

Square Feet: ____________________________ Estimated Cost: ____________________________

Occupant Load (Per NFPA 101): ____________________________ Total Number Of Stories: ____________

- 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: ____________