

354 PLANS TRANSMITTAL LETTER

INSURANCE & SAFETY FIRE COMMISSIONER
SAFETY FIRE DIVISION
TELEPHONE: 404-656-7087 FAX: 404-657-7009
www.gainsurance.org

SUITE 620 WEST TOWER, FLOYD BUILDING
2 MARTIN LUTHER KING JR. DRIVE
ATLANTA, GEORGIA 30334

Please FILL OUT the following COMPLETELY:

DATE: _____

TYPE OF PLANS: _____ FULL SET _____ ADDENDUM _____ ARCHITECTURAL _____ HVAC
_____ PLUMBING _____ ELECTRICAL _____ FIRE PROTECTION _____ CIVIL

FACILITY NAME: _____ NEW _____ EXISTING _____

PROJECT NAME: _____ **PHONE:** _____

STREET ADDRESS (Physical Location): _____

CITY: _____ **ZIP:** _____ **COUNTY:** _____

TYPE OF OCCUPANCY (PER LSC): _____ ASSEMBLY _____ AMBULATORY HEALTH _____ COLLEGE
_____ DAY CARE _____ EDUCATION _____ HOSPITAL _____ INDUSTRIAL
_____ INSTITUTION _____ MERCANTILE _____ NURSING HOME _____ OFFICE
_____ PERSONAL CARE _____ RACE TRACK _____ RESIDENTIAL _____ STORAGE

OWNER: _____ **Phone:** _____

Address: _____ **Email Address:** _____

City: _____ **State:** _____ **Zip:** _____

ARCHITECT/ENGINEER: _____ **Phone:** _____

Georgia Registration Number: _____ **Email Address:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Contact Person: _____ **Phone:** _____

TYPE OF SUBMISSION: How many copies? Write number in blanks below: (Minimum 2 sets of prints required)

_____ BLUEPRINTS _____ SPECIFICATIONS _____ COMPUTER DISKS (3.5") _____ COMPACT DISKS

PURPOSE OF SUBMISSION: _____ PERMIT _____ PRELIMINARY _____ INFORMATION ONLY

_____ REVIEW/APPROVAL _____ RESUBMISSION _____ OTHER: _____

AMOUNT OF REVIEW FEE INCLUDED: \$ _____ IN ACCORDANCE WITH (O.C.G.A TITLE 25, CHAPTER 2)

IF NON-PROFIT PROJECT ATTACHED TAX ID LETTER OR NUMBER # _____

SQUARE FEET: _____ **ESTIMATED COST:** _____ **TOTAL** STORIES OF BUILDING: _____

OCCUPANT LOAD (PER NFPA 101): _____ **BASEMENT:** YES _____ NO _____ **SPRINKLERS:** YES _____ NO _____

CONSTRUCTION TYPE PLEASE 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)
SBC	I	II	--	IV 1HR	IV unp	V 1 HR	V unp	III	VI 1hr	VI unp
IBC		IA	IB	IIA	IIB	IIIA	IIIB	IV	VA	VB

RETURN PLANS TO: _____ **PROJECTED COMPLETION DATE OF PROJECT:** _____

No Post Office Box Address

Name: _____ **Phone:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Note: ANY submittal RECEIVED without a COMPLETED 354 TRANSMITTAL FORM will be RETURNED.

This includes addendum, resubmission, and ANY OTHER ITEM that REQUIRES AN ENGINEER'S Review.