

354A FIRE ALARM 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: _____

FACILITY NAME: _____ NEW _____ EXISTING _____
PROJECT NAME: _____ PHONE: _____
STREET ADDRESS (Physical Location): _____
CITY: _____ ZIP: _____ COUNTY: _____

TYPE OF OCCUPANCY (PER LSC):

_____ DAY CARE	_____ ASSEMBLY	_____ AMBULATORY HEALTH	_____ COLLEGE
_____ INSTITUTION	_____ EDUCATION	_____ HOSPITAL	_____ INDUSTRIAL
_____ PERSONAL CARE	_____ MERCANTILE	_____ NURSING HOME	_____ OFFICE
	_____ RACE TRACK	_____ RESIDENTIAL	_____ STORAGE

OWNER: _____ Phone: _____
Address: _____ Email Address: _____
City: _____ State: _____ Zip: _____

LOW VOLTAGE CONTRACTOR: _____ Phone: _____
Licensee Name: _____ License Number: _____
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 _____ EQUIPMENT SUBMITTAL _____ 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 _____

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 354A TRANSMITTAL FORM will be RETURNED.
This includes addendum, resubmission, and ANY OTHER ITEM that REQUIRES AN ENGINEER'S Review.