



Landry Merkison, Fire Marshall
 17 E. Main Street South
 Hampton, GA 30228
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FIRE PREVENTION AND PROTECTION
 PLAN REVIEW APPLICATION
 THE CITY OF HAMPTON
 (Pursuant to COH CODE, Part II, Chapter 51)

Life Safety Plan Review Application

ALL FEES must accompany a completed application with two sets of plans and pdf file upon submittal

*If a review is not required by the Fire Marshal's Office, you must still obtain a **waiver** form from the Fire Marshal's Office prior to issuance of your permits with Community Development.*

REVIEW FEES:		
(FEE TO BE IN ACCORDANCE WITH CITY OF HAMPTON CODE, CHAPTER 51, ARTICLE II. SEC.51)		
<u>Construction Plan Review:</u>	<u>Fire Alarm Plans:</u>	<u>Sprinkler Plans:</u>
\$ 0.10 PER SQ. FT. (fees capped at \$100,000.00)	0-5 devices - Waived 6-12 devices - \$25 12 devices or more - \$50	0-10 sprinkler heads - Waived 11-50 sprinkler heads - \$25 51-100 sprinkler heads - \$50 100 or more sprinkler heads - \$75

TYPE OF PLANS: FULL SET ARCHITECTURAL SPRINKLER ALARM

FACILITY NAME: _____ EXISTING NEW

Project Name

STREET ADDRESS: _____ Ste: _____

CITY: _____ ZIP: _____ *Date submitted :* _____

TYPE OF OCCUPANCY (PER LSC, 2012 ED.)

Business Mercantile Storage Assembly Office Daycare
 Industrial Education Pers. Care Amb. Health Apartment/Townhome

Contact Information: _____ **Phone: (Office)** _____

(Person to be called to pick up plans)

Cell/Other: _____

PURPOSE OF SUBMISSION			
<input type="checkbox"/> Review / Approval	<input type="checkbox"/> Preliminary	<input type="checkbox"/> Information only	<input type="checkbox"/> Resubmission
Square Footage _____	Scope of Work Square Footage _____		
Construction Cost _____	Sprinkled YES <input type="checkbox"/> NO <input type="checkbox"/>		
Occupant Load (PER NFPA 101) _____	# of Stories _____		
Construction Type I ____ II ____ III ____ IV ____ V ____			
OCC ID # _____	Permit # _____	Waiver _____	

NOTE: PLANS WILL NOT BE REVIEWED WITHOUT PROPER PAYMENT

Construction Fee: \$ _____ Fire Alarm: \$ _____ Sprinkler Plans \$ _____

Date Notified for for pick up: ___/___/___ Initials: _____ Left Message Made Contact

DATE PAID: _____ **Payment Type:** _____ CASH CHECK # _____