# Office of State Fire Marshal

8181 Independence Blvd. Baton Rouge, LA 70806
(225) 925-4911 (800) 256-5452 Fax (225) 925-4241

## PLAN REVIEW REPORT

John Bel Edwards
GOVERNOR

Daniel H. Wallis
FIRE MARSHAL

**THOMAS PITTMAN**
**18080 BRANDON DRIVE**
**HAMMOND LA 70403**

| | |
|---|---|
| Project Number: | **AR-22-019003** |
| Review Type: | **Architectural Review** |
| Status: | **Released** |
| Date Completed: | **10/21/2022** |
| Code Edition: | **2015** |

In accordance with L.R.S. 40:1574 et seq., satisfactory compliance with the requirements of the laws, rules, regulations and codes of the state that are entrusted to the State Fire Marshal to uphold must be achieved before any work is performed. As such, a permit shall not be issued or construction or installation of the scope of work identified herein shall not commence until the Status of this review is “Released” and the requirements of other state and local entities have been satisfied.

| Project Description: | | | |
|---|---|---|---|
| **RENOVATION TO EXISTING DAYCARE & CHANGE OF OWNERSHIP** | | | |
| Project Name: | | Address: | |
| **WORLD CLASS LEARNING** | | **8250 I-10 SERVICE ROAD, NEW ORLEANS, LA 70126** | |
| Funding Type: | Within City Limits? | Number of Stories: | High Rise Building: |
| **Private Project** | **YES** | | |
| Occupancy Separation Type: | Total Occupancy Square Feet: | Project on which Floor(s): | Construction Type: |
| | **7298** | **1** | **V-B / V(000)** |
| Additional Features (if applicable): | **Kitchen Hood Fire Suppression System, Fire Alarm System** | | |

### Occupancy Type(s) and Square Feet

| Occupancy Type: | Square Feet: | Details: |
|---|---|---|
| **Institutional** | **7298** | **INSTITUTIONAL BUILDING TYPE: GROUP I-4 (DAY-CARE); NUMBER OF CHILDREN OVER 2-1/2 YEARS OF AGE: 75; NUMBER OF CHILDREN 2-1/2 YEARS OF AGE OR LESS: 45; NUMBER OF ADULTS: 0** |

### Renovation

| | | |
|---|---|---|
| Renovation or Addition: | **Alteration Level 2 (less than or equal to 50% of the building's physical value)** | |
| Date of Original Building Construction: | **1/1/2000** | |
| Date of Latest Major Renovation to this Building: | **1/1/2008** | |
| Existing Square Feet: | Additional Square Feet: | Renovated Square Feet: |
| **7298** | | **7298** |
| Previous Occupancies: | | |
| Generator Installation: | | |

Facility Licensed By DHH Health Standards Section: **No**

### Louisiana State Uniform Construction Code Review

| Review for the LSUCCC performed by: | 3rd Party Provider's Registration Number: |
|---|---|
| **Parish or Municipal Permitting Office** | |

| Individuals Involved in this Project | | |
|---|---|---|
| Name: | Role: | Address: |
| **THOMAS EDWARD PITTMAN** | **Professional of Record - CIVIL ENGINEER (E-19516)** | **18080 BRANDON DRIVE, HAMMOND, LA 70403** |
| **CARL ROUEGE** | **Owner** | **8250 I-10 SERVICE ROAD, NEW ORLEANS, LA 70127** |
| **SPECTRUM DESIGNS** | **Additional Contact (DRAFTING FIRM)** | **2439 MANHATTAN BLVD., HARVEY, LA 70058** |

Changes that are inconsistent with the reviewed documents are not authorized unless reviewed by this office for compliance with adopted codes, rules and laws. The changes must be submitted to this office by the Professional of Record where required by law, otherwise by the Owner, for review prior to construction and inspection. Minor changes may be submitted as supplemental information amended to this assigned project number. Changes that alter the scope of work, or that otherwise will require another full review of the project, will require a complete resubmittal of the entire scope of work with application, revised plans, and applicable review fee.

This review shall in no way permit or authorize any omissions or deviations from the specific requirements of the adopted codes, rules and regulations of the state. Construction permits must be issued or installation must commence within 180 days from the date of the “Released” Status for this submittal.

Occupancy of the project will not be permitted until a satisfactory inspection of the completed construction has been made by this office. Please allow at least two (2) weeks advanced notice to schedule inspections.

| Review Completed By | | |
|---|---|---|
| Signature: | Stephanie Magee | |
| Name: | Stephanie Magee | Badge No.: |

| Distribution List | | |
|---|---|---|
| Name | Firm Name | Role |
| NEW ORLEANS CITY PERMITS | | Permit Office |