



# 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

SAFETY FIRE

**GID-354-SF**  
(same as SFM354)

## 354 PLANS TRANSMITTAL FORM

**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\*\***

**FACILITY NAME:** \_\_\_\_\_ New \_\_\_ Existing \_\_\_

Project Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address (physical location): \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

**OWNER:** \_\_\_\_\_ Phone: \_\_\_\_\_

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) II(222) II(111) II(000) III(211) III(200) IV(2HH) V(111) V(000)  
IBC IA IB IIA IIB IIIA IIIB IV VA VB

Square Feet: \_\_\_\_\_ Estimated Cost: \_\_\_\_\_ Total Number Of Stories: \_\_\_\_\_

Occupant Load (Per NFPA 101): \_\_\_\_\_ 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: \_\_\_\_\_