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

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www.oci.ga.gov

354S Fire Suppression System Transmittal Letter

SAFETY FIRE
GID-354S-SF
(same as SFM-354S)

(To be submitted by Georgia Licensed Fire Sprinkler Contractor C of C printed name, Georgia CL# and original signature must be on sprinkler shop drawings)

Please FILL OUT the following COMPLETELY: Date: _____

TYPE OF PLANS: ___SPRINKLER ___OTHER ___EXISTING ___NEW

Facility Name: _____ Phone _____

Project Name: _____

Street Address (physical location): _____

City: _____ County: _____ Zip: _____

TYPE OF OCCUPANCY (PER NFPA 101 - LIFE SAFETY CODE):

___ASSEMBLY	___AMBULATORY HEALTH	___COLLEGE	___DAY CARE
___EDUCATION	___HOSPITAL	___INDUSTRIAL	___INSTITUTION
___MERCANTILE	___NURSING HOME	___OFFICE	___PERSONAL CARE
___RACE TRACK	___RESIDENTIAL	___STORAGE	

Owner: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____ Phone: _____

SPRINKLER COMPANY: _____ Phone: _____

C of C Name: _____ C of C Number: _____

Designer Name: _____ Designer Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____ Phone: _____

PLEASE SUBMIT 2 SETS OF PLANS, 2 SETS OF HYDRAULIC CALC'S, 1 SET OF MANUFACTURER DATA:
If approved GSFMO will keep one set of plans and hydraulics calculations. All others will be returned marked.
If disapproved: All plans, calculations, and cut sheets will be returned for resubmittal.

PURPOSE OF SUBMISSION:

___REVIEW/APPROVAL ___RESUBMISSION ___INFORMATION ___ COURTESY

PROJECT INFORMATION:

TYPE OF SPRINKLER SYSTEM: _____ **NFPA 13** _____**NFPA 13R**

SQUARE FEET: _____ ESTIMATED COST: _____

TOTAL STORIES OF BUILDING: _____ IS THERE A BASEMENT? ☐ YES ☐ NO

NUMBER OF SPRINKLERS: _____ EST. PROJECT COMPLETION DATE: _____

AMOUNT OF REVIEW FEE INCLUDED: $_____ → **Make all checks payable to the "Safety Fire Division"**

Remit Review Fee ONLY attached to a copy of this completed 354S Form to:

Georgia Dept. of Insurance-Fire Safety Division, P.O. Box 935136, Atlanta, GA 31193-5136

Remit ALL Sprinkler Plans along w/ this completed 354S 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****

Note: Sprinkler plans will be returned to the submitting sprinkler company's address of record

Note: ANY submittal RECEIVED without a COMPLETED 354S TRANSMITTAL LETTER will be RETURNED. This includes addendum, re-submission, and any other item submitted for review.