



SAFETY FIRE COMMISSIONER
COMMISSIONER OF INSURANCE • INDUSTRIAL LOAN COMMISSIONER • SAFETY FIRE COMMISSIONER



Ralph T Hudgens, Commissioner
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www.oci.ga.gov

354A FIRE ALARM PLANS TRANSMITTAL LETTER

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

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 _____ JUMP DRIVE _____ COMPACT DISKS

PURPOSE OF SUBMISSION: _____ PERMIT _____ PRELIMINARY _____ INFORMATION ONLY
 _____ REVIEW/APPROVAL _____ RESUBMISSION _____ OTHER: _____

AMOUNT OF REVIEW FEE INCLUDED: \$ _____ → **Make all checks payable to the "Safety Fire Division"**
 (See fee informational sheet online)

Remit Review Fee ONLY attached to a copy of this completed 354A Form to:
 Georgia Dept. of Insurance-Fire Safety Division, P.O. Box 935136, Atlanta, GA 31193-5136
Remit ALL Fire Alarm Plans along w/ this completed 354A 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****

SQUARE FEET: _____ **ESTIMATE COST \$** _____ **TOTAL STORIES OF BUILDING:** _____
OCCUPANT LOAD (PER NFPA 101): _____ **BASEMENT: YES** _____ **NO** _____ **SPRINKLERS: YES** _____ **NO** _____

RETURN PLANS TO: (No Post Office Box Address) **PROJECTED COMPLETION DATE OF PROJECT:** _____

Name: _____ **Phone:** _____
Address: _____
City: _____ **State:** _____ **Zip:** _____

Note: ANY submittal RECEIVED without a COMPLETED 354A TRANSMITTAL FORM will be RETURNED.
 This includes addendum, re-submission, and ANY OTHER ITEM that REQUIRES AN ENGINEER'S Review.