02/11

STATE OF KANSAS



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GOVERNOR JEFF COLYER, M.D. DOUG JORGENSEN, STATE FIRE MARSHAL

If you are submitting your documents for review by OSFM, we review submitted forms in the order received. We will require 30 days to review submissions.

| REQUEST FOR PROJECT REVIEW – PAGE 2 OF 2 – K.A. R. 22-1-7 COMPLIANCE ATTESTATION | | | |
|---|---|-----|---|
| DATE: FACILITY NAME: | | | |
| DAIE. | FACILITY NAME: | | |
| 1. Design architect or engineer to check the Met column to indicate compliance to KFPC & K.A.R. 22-1-7. | | | |
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| | The following shall be provided on each code | | The following narrative is required on code |
| Met | footprint: | Met | footprints: |
| | A full size drawing (request 11 x 17 maximum) | | Project construction purpose: new, addition, change in use, renovation, or other |
| | Complete floor plan, including existing facilities and new construction, for each floor of the facility | | Reason for submittal: new construction, new licensure, certificate of occupancy, or plan of correction for existing code deficiencies |
| | An 11 inch by 17 inch (print) reduction sealed by a Kansas- licensed design professional | | Code or codes used (All code footprints must list the Kansas Fire Prevention Code and related statement.) |
| Met | The following information is required on code footprint: | | Location of any anticipated future additions |
| | Graphic bar scale | | Name, address, city, state, zip code, phone number, and fax number of the owner |
| | North directional indicator | | Date developed and any revision dates |
| | Complete building floor plan with a clear identification of new, remodeled and existing portions | | Name, address, city, state, zip code, phone number, and fax number of the designer |
| | All permanent partitions taller than 6 feet | | Designers seal (RA or PE) |
| | Label with plain text, legends for each room/ space | | Name of the responding fire service |
| | Occupant load of assembly rooms and total occupant load for each floor level | | Name of the local building inspection department |
| | Identification of openings and ratings of stair and shaft enclosures | | Each occupancy group and type & each room occupant load |
| | Identification of ratings of corridors and openings | | Type of construction |
| | Occupancy and area separations | | Structural code requirements, including the following: |
| | Horizontal exit arrangements, exit passageways, and smoke compartments | | Total floor are of each occupancy, actual and allowable |
| | Designate all required exterior exits and exit capacity | | Height and area limitations, actual and allowable |
| | Location of the central fire alarm control panel and any remote annunciator panels | | Structural fire ratings, actual and allowable |
| | Fire department connections | | Identification of <u>active</u> fire safety features, including: |
| | Fire department access roads and fire hydrants | | Type of automatic suppression systems/ locations |
| | Distances to property line and exposures | | Fire alarm signaling system |
| | Any special hazards or conditions | | Emergency lighting and power features |
| | Location of any anticipated future additions | | Smoke control system / extent and purpose |
| | RESERVED | | Water supply requirements for fire suppression |
| | RESERVED | | Alternative design or methods of construction, or both |