



## OFFICE OF THE STATE FIRE MARSHAL

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*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 1 OF 2 ( CHILD CARE FACILITIES WITH 24≤ CHILDREN COMPLETE PAGE 1)		
DATE:	COUNTY PROJECT LOCATED:	
<input type="checkbox"/> SCHOOL (K-12 and/or Colleges and Universities) <input type="checkbox"/> CHILDCARE/PRESCHOOL Total Children #: <input type="checkbox"/> Half Day <input type="checkbox"/> Full Day <input type="checkbox"/> Infants   Ages:	<input type="checkbox"/> HOSPITAL <input type="checkbox"/> AMBULATORY SURGICAL CENTER <input type="checkbox"/> NURSING HOME	
<input type="checkbox"/> DROP IN PROGRAM LESS THAN 2000 OCC. <input type="checkbox"/> CORRECTIONAL/DETENTION <input type="checkbox"/> MULTI-FAMILY RESIDENTIAL OVER 12,000 S.F. <input type="checkbox"/> ASSEMBLY FOR 2000 OR MORE OCCUPANTS <input type="checkbox"/> OTHER (list):	<input type="checkbox"/> ICF/MR <input type="checkbox"/> HOSPICE <input type="checkbox"/> ASSISTED LIVING <input type="checkbox"/> RESIDENTIAL BOARD & CARE/HOME PLUS: Clients# <input type="checkbox"/> MEDICARE <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> MEDICAID <input type="checkbox"/> Yes <input type="checkbox"/> No	
FACILITY INFORMATION		
NAME		
STREET		
CITY		
STATE/ZIP		
PHONE NUMBER		
FAX NUMBER		
OWNER'S REPRESENTATIVE (SINGLE POINT CONTACT RESPONSIBLE FOR ALL FUTURE CORRESPONDENCE TO THIS PROJECT)		
	PRIMARY	SECONDARY
NAME		
STREET		
CITY		
STATE/ZIP		
PHONE NUMBER		
FAX NUMBER		
E-MAIL ADDRESS		
TYPE OF SUBMITTAL: CODE FOOTPRINTS – REQUIRED BY STATE LAW (K.A.R. 22-1-7)		
<input type="checkbox"/> NEW BUILDING	<input type="checkbox"/> TEMP. EGRESS/EXITING DURING CONSTRUCT.	
<input type="checkbox"/> ADDITION TO EXISTING BUILDING	<input type="checkbox"/> LIC. AMENDMENT/NEW: KDHE <input type="checkbox"/> KDOA <input type="checkbox"/> SRS <input type="checkbox"/>	
<input type="checkbox"/> RENOVATION/REMODELING	<input type="checkbox"/> CHANGE IN USE	
<input type="checkbox"/> CHANGE OF OWNERSHIP	<input type="checkbox"/> EXISTING BUILDING CHANGE OF OCCUPANCY	
OPTIONAL DOCUMENTATION AS REQUIRED BY KANSAS STATE FIRE MARSHAL IN WRITING DURING REVIEW		
<input type="checkbox"/> SPRINKLER DOCUMENTS	<input type="checkbox"/> FIRE ALARM DOCUMENTS	