



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 2 OF 2 – K.A. R. 22-1-7 COMPLIANCE ATTESTATION

DATE:

FACILITY NAME:

1. Design architect or engineer to check the Met column to indicate compliance to KFPC & K.A.R. 22-1-7.

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