

STATE OF KANSAS



02/11

OFFICE OF THE STATE FIRE MARSHAL
800 S.W. JACKSON, SUITE 104
TOPEKA, KS 66612

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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.

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| REQUEST FOR PROJECT REVIEW – PAGE 1 OF 2 (CHILD CARE FACILITIES WITH 24≤ CHILDREN COMPLETE PAGE 1) |
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| | |
|--------------|--------------------------------|
| DATE: | COUNTY PROJECT LOCATED: |
|--------------|--------------------------------|

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|--|--|
| <input type="checkbox"/> SCHOOL (K-12 and/or Colleges and Universities) | <input type="checkbox"/> HOSPITAL |
| <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"/> AMBULATORY SURGICAL CENTER |
| <input type="checkbox"/> DROP IN PROGRAM LESS THAN 2000 OCC. | <input type="checkbox"/> NURSING HOME |
| <input type="checkbox"/> CORRECTIONAL/DETENTION | <input type="checkbox"/> ICF/MR |
| <input type="checkbox"/> MULTI-FAMILY RESIDENTIAL OVER 12,000 S.F. | <input type="checkbox"/> HOSPICE |
| <input type="checkbox"/> ASSEMBLY FOR 2000 OR MORE OCCUPANTS | <input type="checkbox"/> ASSISTED LIVING |
| <input type="checkbox"/> OTHER (list): | <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 |
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