

**Life Safety Plan Review  
Permit Application**



File #:
Total Square Foot:
Fee \$.10 x FT <sup>2</sup> (Minimum fee- 300.00):
Date:
Mailing Address: 16427 SW 23 <sup>rd</sup> Street, El Reno OK 73036

*All building permit applications must be submitted with the following information: Please initial each line stating these items are addressed on submitted plans. Submit 3 sets of plans.*

\_\_\_\_\_ **Complete Sets of Building Plans** – Five (3) Copies

\_\_\_ Architectural (including elevations)

\_\_\_ Site Plan

\_\_\_ Life Safety Plan

One (1) set will be stamped and returned upon issuance, and must be kept on site at all times.

\_\_\_\_\_ **Site Plan** of entire property attached to each building plan, including the following:

\_\_\_ Drawn to scale, on no less than 18x24 paper, with North arrow, and scale accurately portrayed. Max scale to be used is 1" to 50'.

\_\_\_ Physical address of property (if assigned)

\_\_\_ Property/lot lines with dimensions, location of proposed structure, and square footage of all existing and proposed structures

\_\_\_ Building lines showing all required setbacks for front, side, rear yard and all buildings within 30'.

\_\_\_ All existing and new fire hydrants must be on plans. Depending on occupancy classification, a hydrant must be within 400' or 600' of the building as hose falls off the fire truck.

\_\_\_ Fire department roads must be a minimum of 20' wide and within 150' of all portions of building.

\_\_\_\_\_ **Occupancy Classification** must be stated on the plans.(Refer to 2015 IBC Chapter 3)

\_\_\_\_\_ **List of Adopted Codes (with year)** used for building design.

These must match jurisdiction current adopted codes.

\_\_\_\_\_ **Building Construction Type** must be stated on plans (example: Type IIB). (Refer to IBC 601)

\_\_\_\_\_ **Total Square Footage** of building including all floors and roof overhangs must be stated on plans.

# Life Safety Plan Review Permit Application

\_\_\_\_\_ **Floor plan/ Life safety plan** minimum scale must be 1/8" to 1' and must include all of the following:

- |  |   |
|--|---|
| _____ All exit locations and door swings       | _____ Occupant load per room and total. |
| _____ Total Square feet including overhangs    | _____ All rooms and room uses           |
| _____ Emergency egress lighting and exit signs | _____ Fire separation/UL Specs          |
| _____ Extinguisher locations                   | _____ Fire/ Smoke dampers               |
| _____ Provide Fire Door Ratings                | _____ Egress Travel                     |

Other requirements that may be required for life safety plan.

- \_\_\_\_\_ **Door Hardware** must be stated on plans. See *International Fire Code (IFC) Ch. 10.*
- \_\_\_\_\_ **Egress Travel Distance** must be shown on plans. See *IFC Ch. 10.*
- \_\_\_\_\_ **Sprinklers or fire alarms** are required for occupancy, it must be stated on plans. See *IFC Chapter 9*
- \_\_\_\_\_ **Fire Separation/Barrier/Walls** must be shown where separation is located, and specifications for Fire separation/ Fire barriers/Fire walls, if required for occupancy. See *IBC Ch. 5-7.*
- \_\_\_\_\_ **Actual Allowable Building Height and Area** must be stated on plans. See *IBC Ch. 5*
- \_\_\_\_\_ **Special Use Requirements** must be in accordance with *IBC Ch. 4* and *IFC.*
- \_\_\_\_\_ **Interior Finish Classification** must be stated on plans. See *IFC Ch. 8.*
- \_\_\_\_\_ **Hazardous Material Usage or Storage** must conform to *International Fire Code.*
- \_\_\_\_\_ **Fire Department Connection (FDC)** located on the street side of the building, in an approved location.
- \_\_\_\_\_ **Private Fire Service Mains** shall be separate from domestic water lines. Underground Fire Service waterlines must conform to *NFPA 24.*
- \_\_\_\_\_ **Electric Access Gates** shall have a Knox key switch. **Manual Gates** shall have a Knox Box 3200 Series.
- \_\_\_\_\_ **Knox Box** if required by local responding fire department a knox box must be provided.
- \_\_\_\_\_ **Existing Buildings** must conform to 2015 *International Existing Building Code (IEBC)* and Alteration Level 1, 2, or 3 must be shown on plans. To verify what type of alteration level, refer to *IEBC Chapter 5.*
- \_\_\_\_\_ **State of Oklahoma Architectural Stamp** shall be shown, as required by the *State Architectural Act.*

# Life Safety Plan Review Permit Application

## *Project Information*

ProjectName: \_\_\_\_\_

ProjectAddress: \_\_\_\_\_  
\_\_\_\_\_

## *Owner Information*

Name: \_\_\_\_\_  
\_\_\_\_\_

PrimaryContact: \_\_\_\_\_

Email: \_\_\_\_\_

## *Design Professional (Architect/Engineer) Information*

BusinessName: \_\_\_\_\_

ContactPerson: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## *Contractor Information*

BusinessName: \_\_\_\_\_

ContactPerson: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### *Check as many of the following as applicable:*

- New Structure(s)
- Addition to Existing Structure(s)
- Interior Remodel
- Exterior Remodel
- Move Structure(s) Onto Lot

# Life Safety Plan Review Permit Application

<i>All Construction</i>			
Will a sprinkler system be installed? If so, will sprinklers cover the full building?	Yes <input type="checkbox"/> No <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/>	Will a fire alarm / carbon monoxide system be installed?	Fire <input type="checkbox"/> CO <input type="checkbox"/> Both <input type="checkbox"/> Neither <input type="checkbox"/>
Is a building area increase being applied?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If a building area increase is being applied, will it be by:	Sprinkler <input type="checkbox"/> Frontage <input type="checkbox"/> Both <input type="checkbox"/>
Will a hood or alternative suppression system be installed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Is this an Unlimited Area Building?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Will a smoke control system be installed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Is a CO <sub>2</sub> Beverage System Being Installed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Will a fuel burning appliance, fireplace, or fuel burning forced air furnace be installed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Elevator or Lift being Installed? If so, will the elevator or lift be:	Yes <input type="checkbox"/> No <input type="checkbox"/> Electric <input type="checkbox"/> Hydraulic <input type="checkbox"/>
Are all plan review checklist items included?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Are all uses of the building described on the plans or on a separate letter?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>Renovation of Existing Buildings</i>			
Project Type (International Existing Building Code Ch. 5)	Repair <input type="checkbox"/> Level 1 <input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3 <input type="checkbox"/>	Was the building previously occupied?	Yes <input type="checkbox"/> No <input type="checkbox"/>

\_\_\_\_\_ A DIGITAL COPY OF THE SUBMITTED PLANS WILL NEED TO BE PROVIDED THE DIGITAL COPY MAY BE A CD OR USB DRIVE. THIS MUST BE SUBMITTED WITH PLANS.

**Signature:** \_\_\_\_\_ **Printed Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_