

SAFETY FIRE COMMISSIONER

COMMISSIONER OF INSURANCE • INDUSTRIAL LOAN COMMISSIONER • SAFETY FIRE COMMISSIONER

Ralph T Hudgens, Commissioner

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www.oci.ga.gov

354A FIRE ALARM PLANS TRANSMITTAL LETTER

SAFETY FIRE
GID-354A-SF
(same as SFM 354A)

Please FILL OUT the following COMPLETELY:		DATE:		
FACILITY NAME:			NEW	EXISTING
PROJECT NAME:			PHONE:	
STREET ADDRESS (Physical Location):			
STREET ADDRESS (Physical Location CITY:	ZIP:		COUNTY:	
TYPE OF OCCUPANCY (PER LSC):				
	ASSEMBLY	AMBUI ATO	ORY HEALTH	COLLEGE
DAY CARE	EDUCATION	HOSPITAL		INDUSTRIAL
INSTITUTION		NURSING		OFFICE
PERSONAL CARE		RESIDENT		STORAGE
OWNER:		Phone:		
	Cr			
Address:	EI	naii Auuless	7in:	
City:	St	.aie	∠ıp	
LOW VOLTAGE CONTRACTOR:		Phone:		
_icensee Name:	L	icense Number:		
Address:				
City:	St	tate:	Zip:	
Contact Person:		Phone:		
TYPE OF SUBMISSION: How many o	copies? Write number in	blanks below: (M	inimum 2 sets of	prints required)
TYPE OF SUBMISSION: How many of BLUEPRINTS EQ	copies? Write number in UIPMENT SUBMITTAL — PERMIT	blanks below: (M JUMP DRI PRELIMINAR	inimum 2 sets of	F prints required) OMPACT DISKS ORMATION ONLY
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Note: $\underline{\text{ANY}}$ submittal $\underline{\text{RECEIVED}}$ without a COMPLETED 354A TRANSMITTAL FORM will be RETURNED.

This includes addendum, re-submission, and ANY OTHER ITEM that REQUIRES AN ENGINEER'S Review.