



**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):** \_\_\_\_\_  
**CITY:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_ **COUNTY:** \_\_\_\_\_

**TYPE OF OCCUPANCY (PER LSC):**

_____ DAY CARE	_____ ASSEMBLY	_____ AMBULATORY HEALTH	_____ COLLEGE
_____ INSTITUTION	_____ EDUCATION	_____ HOSPITAL	_____ INDUSTRIAL
_____ PERSONAL CARE	_____ MERCANTILE	_____ NURSING HOME	_____ OFFICE
	_____ RACE TRACK	_____ RESIDENTIAL	_____ STORAGE

**OWNER:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**LOW VOLTAGE CONTRACTOR:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Licensee Name:** \_\_\_\_\_ **License Number:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Contact Person:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**TYPE OF SUBMISSION: How many copies? Write number in blanks below: (Minimum 2 sets of prints required)**

\_\_\_\_\_ BLUEPRINTS \_\_\_\_\_ EQUIPMENT SUBMITTAL \_\_\_\_\_ JUMP DRIVE \_\_\_\_\_ COMPACT DISKS

**PURPOSE OF SUBMISSION:** \_\_\_\_\_ PERMIT \_\_\_\_\_ PRELIMINARY \_\_\_\_\_ INFORMATION ONLY  
 \_\_\_\_\_ REVIEW/APPROVAL \_\_\_\_\_ RESUBMISSION \_\_\_\_\_ OTHER: \_\_\_\_\_

**AMOUNT OF REVIEW FEE INCLUDED:** \$ \_\_\_\_\_ → **Make all checks payable to the "Safety Fire Division"**  
 (See fee informational sheet online)

**Remit Review Fee ONLY attached to a copy of this completed 354A Form to:**  
 Georgia Dept. of Insurance-Fire Safety Division, P.O. Box 935136, Atlanta, GA 31193-5136  
**Remit ALL Fire Alarm Plans along w/ this completed 354A Form to:**  
 Georgia Dept. of Insurance- Fire Safety Division, 2 Martin Luther King Jr., Dr., Suite 916, West Tower, Atlanta, GA 30334  
**\*\*Applications up for review & permitting will be reviewed when fees have been paid & processed\*\***

**SQUARE FEET:** \_\_\_\_\_ **ESTIMATE COST \$** \_\_\_\_\_ **TOTAL STORIES OF BUILDING:** \_\_\_\_\_  
**OCCUPANT LOAD (PER NFPA 101):** \_\_\_\_\_ **BASEMENT: YES** \_\_\_\_\_ **NO** \_\_\_\_\_ **SPRINKLERS: YES** \_\_\_\_\_ **NO** \_\_\_\_\_

**RETURN PLANS TO:** (No Post Office Box Address) **PROJECTED COMPLETION DATE OF PROJECT:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Note: ANY submittal 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.