



COLUMBIA COUNTY  
FIRE MARSHAL'S OFFICE  
630 Ronald Reagan DR  
EVANS, GA 30809  
Phone: 706-868-3420/Fax: 706-868-3381

[www.columbiacountyga.gov](http://www.columbiacountyga.gov)

**354A Fire Alarm Plans Transmittal Letter**

Please FILL OUT the following COMPLETELY:

DATE: \_\_\_\_\_

TYPE OF PLANS:    \_\_\_EXISTING    \_\_\_NEW

Facility Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Street Address (physical location): \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**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 | ___ COMPACT DISCS (CDs) |
|----------------|-------------------------|-------------------------|

**PURPOSE OF SUBMISSION:**

- |                     |                  |                      |
|---------------------|------------------|----------------------|
| ___ REVIEW/APPROVAL | ___ RESUBMISSION | ___ INFORMATION ONLY |
| ___ PERMIT          | ___ PRELIMINARY  | ___ OTHER: _____     |

**AMOUNT OF REVIEW FEE INCLUDED:** \$ \_\_\_\_\_ (IN ACCORDANCE WITH ARTICLE 25-2-4 OF O.C.G.A TITLE 25)

Review + Inspection = \$200.00

All Checks to be made to "Columbia County"

**PROJECT INFORMATION**

SQUARE FEET: \_\_\_\_\_ ESTIMATED COST: \_\_\_\_\_ **TOTAL** STORIES OF BUILDING: \_\_\_\_\_

IS THERE A BASEMENT?    \_\_\_ YES    \_\_\_ NO    SPRINKLERS: \_\_\_ YES    \_\_\_ NO

OCCUPANT LOAD (PER NFPA 101): \_\_\_\_\_ ESTIMATED PROJECT COMPLETION DATE: \_\_\_\_\_