

STATE OF LOUISIANA
DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS
OFFICE OF STATE FIRE MARSHAL CODE ENFORCEMENT AND BUILDING SAFETY
8181 INDEPENDENCE BLVD., BATON ROUGE, LA 70806
800-256-5452 225-925-4920 FAX: 225-925-4414
www.dps.louisiana.gov/sfm

Lafayette Office: 337-886-1273

PLAN REVIEW APPLICATION

CHECK HERE IF STATE UNIFORM CONSTRUCTION CODE REVIEW IS REQUIRED BY THIS OFFICE

FIRE MARSHAL USE ONLY DATE RECEIVED
REVIEWER / BADGE: P0

PROVIDE INFORMATION ON THE NAME OF THIS SPECIFIC PROJECT, TENANT, LEASE SPACE, SCOPE OF WORK, ETC.

1. Project Information

PART 1. REQUIRED FOR ALL SUBMITTALS ATTACH APPLICABLE CHECKLIST & FEE SCHEDULE PLEASE PRINT (BLACK OR BLUE INK ONLY)

Project Name: _____
Street Address: _____
Suite/Space No: _____
City: _____ State: LA Zip: _____
Parish: _____ Within city limits? Yes No

PROVIDE INFORMATION ON THE OVERALL STRUCTURE OR BUILDING THAT THIS PROJECT IS WITHIN, IF DIFFERENT THAN ABOVE.

2. Structure Information (Overall Building)

Building Name: _____
Street Address: _____
City: _____ State: LA Zip: _____
Parish: _____ Number of building floors: _____ Project on which floor(s): _____

3. Purpose of Application

PART 3. REQUIRED FOR ALL SUBMITTALS

System Type: ARCHITECTURAL REVIEW ARCHITECTURAL LIFE SAFETY ADA-AG ACCESSIBILITY ENERGY CONSERVATION KITCHEN EXHAUST HOOD CONSTRUCTION
CHECK ONLY ONE: FIRE ALARM SYSTEM REVIEW CHECK ONLY ONE FIRE ALARM SYSTEM TYPE:
 Local Auxiliary *Central Station Proprietary Station Remote Station
*IF SYSTEM TYPE IS CENTRAL STATION, YOU MUST ATTACH COPY OF CENTRAL STATION UL LISTING TO THIS APPLICATION
 KITCHEN HOOD WET CHEMICAL SUPPRESSION SYSTEM REVIEW
 FIRE SUPPRESSION SYSTEM REVIEW SPRINKLER DRY CHEMICAL CLEAN AGENT HALON
CHECK SYSTEM TYPE: PAINT SPRAY BOOTH FOAM WATER
 STORAGE TANK FOR FLAMMABLE OR COMBUSTIBLE LIQUIDS: NUMBER OF TANKS ABOVE GROUND _____ BELOW GROUND _____
Review Type: NEW CONSTRUCTION IF PROJECT IS A SYSTEM REVIEW, THEN PROVIDE PREVIOUS ARCHITECTURAL REVIEW NUMBER P0
CHECK ONLY ONE: RENOVATION OR ADDITION IF CHANGE OF OCCUPANCY, THEN CHECK NEXT LINE P0
 CHANGE OF OCCUPANCY PREVIOUS ARCHITECTURAL REVIEW NUMBER, IF APPLICABLE P0
WITH OR WITHOUT RENOVATIONS, CHECK HERE PROVIDE PREVIOUS ARCHITECTURAL REVIEW NUMBER, IF APPLICABLE
 BUILDING FOUNDATION ONLY PROVIDE PREVIOUS BUILDING FOUNDATION REVIEW NUMBER P0
 BUILDING SHELL ONLY PROVIDE PREVIOUS PROJECT REVIEW NUMBER P0
 RE-SUBMITTAL
 PRELIMINARY RESERVED FOR LARGE PROJECTS. MUST HAVE STATE FIRE MARSHAL PRE-APPROVAL TO SUBMIT AS PRELIMINARY

PROVIDE COST AND SQUARE FOOTAGE AREAS OF THIS PROJECT OR SYSTEM - FOR SYSTEMS, ENTER ONLY SYSTEM COST

4. Project Details

PART 4. REQUIRED FOR ALL SUBMITTALS

New Sq Ft: _____ Estimated Cost of this Project: \$ _____
Existing Sq Ft: _____ Calculated Fee Attached: \$ _____
Renovated Sq Ft: _____ MONEY ORDERS, CASHIER'S CHECKS, CERTIFIED CHECKS, COMPANY CHECKS, PERSONAL CHECKS ACCEPTED (NO TEMPORARY CHECKS)
FOLLOWING OCCUPANCIES REFER TO OVERALL STRUCTURE OR BUILDING:
Main Occupancy: _____ Sq Ft _____
Secondary: _____ Sq Ft _____
Thirdly: _____ Sq Ft _____
SELECT ONE OR MORE OF THE FOLLOWING OCCUPANCIES AND PRINT BELOW:
ASSEMBLY EDUCATIONAL DAY CARE HEALTH CARE DETENTION HOTEL DORMITORY APARTMENT LODGING / ROOMING
BOARD AND CARE MERCANTILE BUSINESS INDUSTRIAL STORAGE UNUSUAL

PROVIDE INFORMATION ON THE OWNER FOR THE OVERALL STRUCTURE OR BUILDING FOR THIS PROJECT.

5. Owner Information

PART 5. REQUIRED FOR ALL SUBMITTALS

	LAST NAME	FIRST NAME	INITIAL
Owner:			
Name of Firm:			
Mailing Address:			
City:	State:	Zip:	-
Contact Person:	E-mail:		
Telephone No:	Cell No.	Fax No.	

PROVIDE INFORMATION ON THE TENANT FOR THIS SPECIFIC PROJECT, IF DIFFERENT THAN OWNER.

6. Tenant Information

	LAST NAME	FIRST NAME	INITIAL
Tenant:			
Name of Firm:			
Mailing Address:			
City:	State:	Zip:	-
Contact Person:	E-mail:		
Telephone No:	Cell No.	Fax No.	

PROVIDE INFORMATION ON THE PREPARER OF THE FIRE ALARM, SPRINKLER, OR FIRE SUPPRESSION SHOP DRAWINGS

7. Preparer of Shop Drawings Information

- SFM Licensed Contractor
- State Licensed Engineer

	LAST NAME	FIRST NAME	INITIAL
Qualifier:			
Qualifier Lic. No:			
Name of Firm:			
Firm License No:			
Mailing Address:			
City:	State:	Zip:	-
Contact Person:	E-mail:		
Telephone No:	Cell No.	Fax No.	

PROVIDE INFORMATION ON THE PROFESSIONAL OF RECORD FOR THIS PROJECT.

8. Professional of Record Information

- Architect
- Civil Engineer
- EE / ME / FP Engineer

	LAST NAME	FIRST NAME	INITIAL
Professional:			
LA License No:			
Name of Firm:			
Address:			
City:	State:	Zip:	-
Contact Person:	E-mail:		
Telephone No:	Cell No.	Fax No.	

CHECK ONLY ONE: IS THIS PROJECT STATE OWNED, MUNICIPAL (FEDERAL, PARISH, CITY OWNED), OR OTHER (PRIVATE OWNED)?

9. Government and Municipal Projects

- State Owned Project
- Municipal Project
- Other (Private Owned)

PART 9. REQUIRED FOR ALL SUBMITTALS

IF A REVIEW FOR THE NATIONAL ENERGY CODE IS PART OF THIS PROJECT, THEN CHECK APPLICABLE BOX AT RIGHT

10. Energy Code Review

- YES, ENERGY CODE PACKAGE ATTACHED
- NO ENERGY CODE PACKAGE ATTACHED

ARCHITECTURAL PLAN REVIEW CHECKLIST & FEE SCHEDULE

As an aid to streamline our architectural plan review process, we ask that you complete this checklist, and attach it to your Plan Review Application. Please address each checklist item in your package, whether the item is conveyed on the drawings, specifications, cover letter, etc. Any items not addressed may cause unnecessary delays or project "hold" on your review. Your help, up front, will facilitate a complete submittal package, shorten our review time, and help us to get your project reviewed and returned sooner. Please verify that each numbered item below is: A. in your submittal, B. correct, and C. is coordinated within the submittal (drawings match specifications). Then provide a check mark adjacent to each numbered item or print "N/A" for items not applicable to this submittal. Thank you for your help, in completing and coordinating the items in this checklist.

GENERAL INFORMATION

1. A plan review is required by this office, for all buildings to be constructed, renovated, remodeled, repaired or the occupancy changed. Exception: one or two family dwellings.
2. Plans may only be submitted by the owner, the tenant, an architect, or a civil engineer.
3. A Professional of Record (POR) who is a Louisiana licensed Architect or Civil Engineer is required under the following conditions:
 - A. Drawings and specifications for all buildings, other than private single family and duplex dwellings, shall/must be prepared by a Louisiana licensed architect or civil engineer if so required by the Architects Licensing Law, L.R.S. 37:155.
 - B. A professional of record is required if the new building or occupancy change exceeds the following square footage limits for the following uses:

OCCUPANCY TYPE	SQ. FT. LIMITATION	OCCUPANCY TYPE	SQ. FT. LIMITATION
Non Hazardous Storage	6250	Concentrated Assembly	2650
Factory/Industrial	5000	Less Concentrated Assembly	4000
Mercantile/Business/Apartments	4000	High Hazard Storage or Process	1500
Educational/ Day Care	2500	Health Care/Detention	2500

- C. Renovation projects exceeding \$125,000 and affecting life safety must be submitted by an architect or engineer.
 - D. If the building changes use (ie storage building changes to church use, etc.), then use schedule above regardless of renovation cost.
4. Drawings and specifications shall comply with the Louisiana Revised Statutes (see Fire Marshal's Act at our web site home page or call this office for hardcopy), the Life Safety Code (NFPA 101) and all promulgated National Fire Codes, the Americans with Disabilities Act Accessibility Guideline (see ADA-AG, under Codes/Rules/Laws at our web site), and applicable parts of Standard Building Code (SBCCI). For applicable editions of the Life Safety Code, the National Fire Codes, and the Standard Building Code, for either new construction or renovated existing construction, please consult LA R.S. Title 55:V:103 (in the Fire Marshal's Act).
5. Additional information (addenda, revisions, change orders, etc.) cannot be added to submittals received and logged in, prior to concurrence from the review architect. Once a review is initiated, any additional information will be reviewed only as a complete new submittal, complete with Plan Review Application and fee (unless directed otherwise by the review architect). Some reviews of additional information may require submission of the entire project.
6. A Preliminary Architectural Plan Review is a service performed by this office, based on a "schematic design" or "design development" package submitted by a Professional of Record (POR). The intent of a Preliminary Review is to provide a life safety evaluation of a POR's preliminary package, prior to the subsequent required Architectural Plan Review. This service is primarily designed for larger, more complicated projects, to allow the State Fire Marshal's intervention, based on the package submitted.

PLAN REVIEW APPLICATION, CHECKLIST & FEE SCHEDULE, AND FEE

1. Completed Plan Review Application form and this completed checklist.
2. Calculate the required review fee from the Fee Calculation schedule on the reverse side of this page.
3. Check or money order (no cash accepted) for plan review fee, payable to the LA Department of Public Safety.
5. All items to be sent in one package, unless infeasible. Multiple packages shall be clearly marked as such.
6. Brief description of how building is to be used.
7. Include all existing documentation, if applicable (inspection report(s), appeal determination letter(s), etc.).

DRAWINGS AND SPECIFICATIONS

1. One set of drawings (and specifications, if separate) and, when applicable, stamped by the architect or civil engineer (POR) preparing the documents. Drawings shall be legible bluelines, photocopies, or computer plots (live ink or pencil applied by hand is

not acceptable). Submittals requiring a POR that are received without the POR stamped seal will be returned without benefit a review.

- ___ 2. Site plan drawn to scale showing project, distances to nearby buildings, fences, parking, handicapped access
- ___ 3. Location of hazardous features such as fuel storage tanks or incinerators.
- ___ 4. Floor plan(s) drawn to scale showing walls and partitions, fire barriers, smoke barriers, openings, door swings, built-in features, changes in elevation such as steps or ramps, dimensions, and the use of each space (room name).
- ___ 5. Details required to explain construction and/or other features.
- ___ 6. Exterior elevations, if appropriate.
- ___ 7. Stair and railing details, plans, & sections.
- ___ 8. Schedules for doors, windows, hardware, and room finishes.
- ___ 9. Drawings of heating and air conditioning systems.
- ___ 10. Electrical drawings showing service, fire alarm, exit lighting and emergency lighting where required.
- ___ 11. The drawings shall clearly indicate what is existing and what changes are proposed.
- ___ 12. Floor plans of the entire floor(s) for which work is proposed in this submittal. For all proposed work above the ground floor, (such as in multi-story buildings), provide a ground floor plan showing all required exits.

FEE CALCULATIONS

1. Money orders, cashier's checks, certified checks, and company checks are accepted (NO PERSONAL CHECKS ACCEPTED, EFFECTIVE 9-1-00).
2. All fees indicated below include a \$5.00 charge for postage and handling.
3. Postage and handling fees do not apply to facsimile and exemption requests.
4. State owned projects (projects contracted through LA Facility Planning and Control) are fee exempt (except for Preliminary Plan Reviews - see Item 7., below). Resubmittals, for Not-In Compliance reviews, will be charged a full review fee based on schedules, below. Resubmittals, based on major revisions to a project previously reviewed, will be charged a full review fee based on schedules, below.
5. Municipal projects (city, parish, federal) are charged a total \$20 flat review fee (except for Preliminary Plan Reviews - see Item 7., below). Resubmittals, for Not-In-Compliance reviews, will be charged a full review fee based on schedules, below. Resubmittals, based on major revisions to a project previously reviewed, will be charged a full review fee based on schedules, below.
6. High Rise submittals must be designated on Plan Review Application form in order to accurately determine the plan review fee. Check High Rise box (back of application, at bottom) and indicate number of floors.
7. Fees for Preliminary Plan Reviews are also based on the chart, below. State owned and municipal projects are not exempt from a full fee, when submitting for a Preliminary Plan Review.
8. Fees are based on the chart below, and each submittal must show square footage and occupancy classification.

OCCUPANCY	SQUARE FEET	FEE \$	SQUARE FEET	FEE \$
ASSEMBLY	0 - 2500	55	10001 - 50000	305
• Concentrated (Church, Theater, Stadium)	2501 - 4500	85	50001 - 100000	405
• Less Concentrated (Restaurant, Gymnasium, Etc.)	4501 - 10000	205	100001 - above	555
EDUCATIONAL and DAY CARE	0 - 5000	55	30001 - 80000	225
• Kindergarten through High-School, Adult or Child Day Care Centers	5001 - 10000	85	80001 - 150000	325
	10001 - 30000	125	150001 - above	425
HEALTH CARE, INSTITUTIONAL, and DETENTION	0 - 10000	205	50001 - 100000	505
• Hospitals, Nursing Homes, Ambulatory Care, Prisons, Jails	10001 - 20000	305	100001 - above	705
	20001 - 50000	405	High Rise - all new	855
HOTELS, DORMITORIES, APARTMENTS, LODGINGS, ROOMING HOUSES, and RESIDENTIAL BOARD AND CARE FACILITIES	0 - 2500	55	30001 - 80000	305
	2501 - 10000	85	80001 - 150000	405
	10001 - 30000	205	150001 - above	505
			High Rise - all new	705
MERCANTILE	0 - 3000	55	30001 - 50000	175
• Mall, Store, Restaurant with less than 50 occupants	3001 - 10000	85	50001 - 150000	225
BUSINESS	10001 - 30000	115	150001 - above	325
• Office Buildings, College Classrooms			High Rise - all new	525
INDUSTRIAL	0 - 10000	55	50001 - 100000	145
• Manufacturing, Processing, Fabricating	10001 - 20000	85	100001 - above	225
STORAGE and SPECIAL STRUCTURE	20001 - 50000	115		
Storage Tank	Single Tank			75
• Tanks within scope of NFPA 30 installation only	Multiple Tanks (each additional tank)			30
Perfomanced-based Review	Shall be twice the amount of the review fees imposed above plus an additional fee of \$100 (\$50 for resubmission) for smoke control reviews and timed egress.			
Facsimile Transmissions and Records Requests	Paper copies (per page)			2
	Facsimile transmissions (per page)			4
	Digital copies (per diskette)			25
	Database report (base fee) plus			500
	(add on fee per every 1000 records)			100

PLAN REVIEW FEE COMPUTATION SCHEDULE

PAGE 1 OF 3

GENERAL NOTES:

1. Money orders, cashier's checks, certified checks, and company checks are accepted. Personal checks accepted – must include LA driver's license number on check.
2. All fees indicated below include a \$5.00 charge for postage and handling. Postage and handling for Chemical Fire Suppression System Reviews and Sprinkler System Reviews are itemized as indicated in these sections, below.
3. Private Projects:
 - A. Private Projects are all projects other than State Owned Projects, Municipal Projects, and 1 & 2 family dwellings. 1 & 2 family dwellings are not reviewed by this office.
 - B. Private Projects, both full reviews and exemption requests, shall require a review fee in accordance with schedules below.
4. State Projects:
 - A. State Projects are projects contracted through LA Facility Planning and Control.
 - B. State Projects, both full reviews and exemption requests, are fee exempt except for Project Re-submittals – see General Note 7.
5. Municipal Projects:
 - A. Municipal Projects include all city, parish, and federal projects.
 - B. Municipal Projects, both full reviews and exemption requests, are charged a flat review fee of \$20, except for Project Re-submittals – see General Note 7.
6. Appeal Requests:
 - A. Appeal Requests, including all state, municipal, and private work, shall require a review fee in accordance with the "Appeal Requests" schedule below.
 - B. Appeal request fees shall apply to both initial submittal and subsequent appeal submittal(s), if the scope of the subsequent appeal(s) has major revisions.
7. Project Re-submittals:
 - A. Private and Municipal Project Re-submittals, both full reviews and exemption requests, resulting from a Not In Compliance review or denied Exemption Request, will be charged a full review fee based on the schedules below. No fee exemptions are allowed for any Private and Municipal Project Re-submittals.
 - B. State Project Re-submittals for full reviews, resulting from a Not In Compliance review, shall be charged a full review fee based on the schedules below, less \$20. State Project Re-submittals for Exemption Requests shall be charged \$20. No fee exemptions are allowed for any State Project Re-submittal Exemption Requests.
 - C. All project Re-submittals, both full reviews and exemption requests, regarding major life-safety revisions that are subsequent to an "appears to comply" status, will be charged a full review fee based on schedules, below.
8. Preliminary Plan Reviews:
 - A. Preliminary Plan Reviews are available to Professionals of Record and apply to large scale or complex life/safety projects regarding architectural and fire alarm work scopes.
 - B. Preliminary Plan Reviews shall be charged a full review fee based on the Architectural Plan Review and Fire Alarm schedules, below.
 - C. State owned and municipal projects are not exempt from a full fee, when submitting for a Preliminary Plan Review. All Preliminary Plan Reviews are also based on the "Architectural Plan Review" chart, below.
9. Lost Plan Submittals: shall be charged the minimum review fee for
 - A. Lost Plan Submittals apply to all Private, State and Municipal Projects.
 - B. Lost Plan Submittals for Architectural Plan Reviews shall be charged the minimum review fee for the occupancy classification. State and municipal projects are not exempt from a Lost Plan Submittal fee.
 - C. Lost Plan Submittals for all other review types shall be charged the minimum review fee for the associated review type. State and municipal projects are not exempt from a Lost Plan Submittal fee.
10. High Rise submittals must be designated on Plan Review Application form in order to accurately determine the plan review fee. Check High Rise box (back of application, at bottom) and indicate number of floors.
11. Postage and handling fees do not apply to Exemption Requests and Facsimile Transmissions.

ARCHITECTURAL PLAN REVIEW

OCCUPANCY	SQUARE FEET	FEE \$	SQUARE FEET	FEE \$
ASSEMBLY	0 - 2500	55	10001 - 50000	305
▪ Concentrated (Church, Theater, Stadium)	2501 - 4500	85	50001 - 100000	405
▪ Less Concentrated (Restaurant, Gymnasium, Etc.)	4501 - 10000	205	100001 - above	555
EDUCATIONAL and DAY CARE	0 - 5000	55	30001 - 80000	225
▪ Kindergarten through High-School, Adult or Child Day Care Centers	5001 - 10000	85	80001 - 150000	325
	10001 - 30000	125	150001 - above	425
HEALTH CARE, INSTITUTIONAL, and DETENTION	0 - 10000	205	50001 - 100000	505
▪ Hospitals, Nursing Homes, Ambulatory Care, Prisons, Jails	10001 - 20000	305	100001 - above	705
	20001 - 50000	405	High Rise - all new	855
HOTELS, DORMITORIES, APARTMENTS, LODGINGS, ROOMING HOUSES, and RESIDENTIAL BOARD AND CARE FACILITIES	0 - 2500	55	30001 - 80000	305
	2501 - 10000	85	80001 - 150000	405
	10001 - 30000	205	150001 - above	505
			High Rise - all new	705
MERCANTILE	0 - 3000	55	30001 - 50000	175
▪ Mall, Store, Restaurant with less than 50 occupants	3001 - 10000	85	50001 - 150000	225
BUSINESS	10001 - 30000	115	150001 - above	325
▪ Office Buildings, College Classrooms			High Rise - all new	525
INDUSTRIAL	0 - 10000	55	50001 - 100000	145
▪ Manufacturing, Processing, Fabricating	10001 - 20000	85	100001 - above	225
STORAGE and SPECIAL STRUCTURE	20001 - 50000	115		
Performance-based Review	Shall be twice the amount of the review fees imposed above plus an additional fee of \$100 (\$50 for resubmission) for smoke control reviews and timed egress.			
Facsimile Transmissions and Records Requests	Paper copies (per page)			2
	Facsimile transmissions (per page)			4
	Digital copies (per diskette)			25
	Database report (base fee) plus			500
	(add on fee per every 1000 records)			100
Exemption Requests and "Go-To -Work" Requests	Per request			20
Appeal Requests	Handicapped Accessibility			25
▪ Note: Charge is <u>per appeal letter type</u> , not per each issue where multiple issues are addressed in a single letter.	Life Safety / Fire Code Appeals			100
	Smoke Control Reviews (\$50 for resubmission)			100
	Timed Egress (\$50 for resubmission)			100
	Other Appeals (\$50 for resubmission)			100

ENERGY CONSERVATION REVIEW

\$0 if submitted with architectural plan review package, otherwise fee is \$20 for separate review.

ELECTRICAL SYSTEM REVIEW

\$0 if submitted with architectural plan review package, otherwise refer to Architectural Fee Schedule.

KITCHEN EXHAUST HOOD CONSTRUCTION (DOES NOT INCLUDE CHEMICAL SUPPRESSION SYSTEM)

\$0 if submitted with architectural plan review package, otherwise fee is \$55 for separate review.

FIRE ALARM SYSTEM REVIEW (DEVICES LIMITED TO VISUAL NOTIFICATION DEVICES, SYSTEM SMOKE DETECTORS, AND SYSTEM HEAT DETECTORS ONLY)

ITEM	REVIEW FEE \$
Number of devices 1 - 25	\$75
Number of devices 26 - 50	\$105
Number of devices 51 - 75	\$135
Number of devices 76 - 100	\$165
Number of devices 101 - above	\$165 + \$30 for each additional group of 1 to 25 devices over 100

Calculated fee attached = TOTAL \$

STORAGE TANK SYSTEM REVIEW (FOR FLAMMABLE OR COMBUSTIBLE LIQUIDS)

ITEM	NUMBER OF TANKS		REVIEW FEE \$	SUB TOTAL FEES			
				\$			
Single tank	0	1	x \$75	=	\$		7 5
Each additional tank (2 and above)			x \$30	=	\$		
Calculated fee attached				=	TOTAL \$		

CHEMICAL FIRE SUPPRESSION SYSTEM REVIEW

ITEM	NUMBER OF SYSTEMS		REVIEW FEE \$	SUB TOTAL FEES			
				\$			
Number of devices	1	- 10	x \$30	=	\$		
Number of devices	11	- 25	x \$60	=	\$		
Number of devices	26	- 50	x \$120	=	\$		
Number of devices	51	- 75	x \$180	=	\$		
Number of devices	76	- 100	x \$200	=	\$		
Number of devices	101	- above	x \$300	=	\$		
Sets of calculations			x \$40	=	\$		
Add for fee increase plus postage and handling				+	\$		2 5
Calculated fee attached				=	TOTAL \$		

SPRINKLER SYSTEM REVIEW

ITEM	NUMBER OF FLOORS		REVIEW FEE	SUB TOTAL FEES			
				\$			
Sprinkler heads per floor	1	- 50	x \$30	=	\$		
Sprinkler heads per floor	51	- 300	x \$60	=	\$		
Sprinkler heads per floor	301	- 450	x \$120	=	\$		
Sprinkler heads per floor	541	- above	x \$150	=	\$		
Sets of hydraulic calculations			x \$40	=	\$		
Add for fee increase plus postage and handling				+	\$		2 5
Calculated fee attached				=	TOTAL \$		