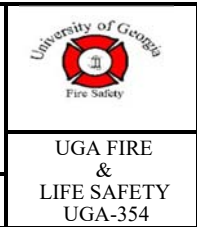




UNIVERSITY OF GEORGIA
OFFICE OF FIRE and LIFE SAFETY
Environmental Safety Division
240A Riverbend Road, Athens, Georgia 30602
Phone: 706-542-5801



UGA-354 PLANS TRANSMITTAL FORM

Date: _____

Please provide all information requested below. ALL INFORMATION IS REQUIRED and incomplete submittals as subject to immediate rejection. Everything submitted to the UGA Office of Fire and Life Safety for review (drawings, revisions, addenda, specifications, etc.) must include a completed UGA-354 Transmittal Form.

SUBMITTAL: ___ Full Set ___ Addendum ___ Revision TYPE: ___ Prints ___ Specification

PURPOSE of SUBMISSION: ___ Permit ___ Resubmission ___ Preliminary ___ Information Only

TYPE of SUBMISSION: ___ New Construction ___ Existing Renovation ___ Fire Alarm Plans ___ Sprinkler System

REVIEW FEE: No review fees will be required for University of Georgia owned, operated or related projects.

ADDRESS FOR ALL PLAN SUBMISSIONS:
UGA Office of Fire and Life Safety, ESD Building, 240A Riverbend Road, Athens, Georgia 30602;
Telephone (706) 542-5801; FAX (706) 542-0108
Please Provide Two (2) Sets of All Submissions

FACILITY NAME: _____ UGA Bldg. # _____

Project Name: _____ Project/Contract # _____

Street Address (Physical Location) _____

City: _____ Zip _____ County _____

OWNER/Division/Department: _____ Representative Name: _____

Address: _____ E-Mail _____ Phone: _____

City: _____ State: _____ Zip: _____

UGA PROJECT MANAGER: _____ Phone: _____

Division: OUA: ___ FMD: ___ Other: ___ Cell. Phone _____

Projected Construction Dates: Begin: _____ Completion: _____ E-Mail: _____

ARCHITECT/ENGINEER of RECORD _____ GA Reg. No. _____

Firm Name _____

Address: _____ E-Mail: _____

City: _____ State _____ Zip _____

Contact Person: _____ Phone: _____

TYPE of OCCUPANCY (per LSC) ___ Assembly ___ Ambulatory Health ___ Business ___ Day Care ___ Detention/Jail
___ Education ___ Health Care ___ Industrial ___ Mercantile ___ Nursing Home
___ Personal Care Home ___ Residential ___ Storage

CONSTRUCTION TYPE (check one group):

NFPA: ___ 2,2,0 ___ I(4,4,3) ___ I(3,3,2) ___ II(2,2,2) ___ II(1,1,1) ___ II(0,0,0) ___ III(2,1,1) ___ III(2,0,0) ___ IV(2,H,H) ___ V(1,1,1) ___ V(0,0,0)
IBC: IA IB IIA IIB IIIA IIIB IV VA VB

Square Feet: _____ Estimated Cost of Project: _____ Total Number of Stories _____ Basement: Yes ___ No ___

RETURN PLANS TO: (Must be a Street Address - No Post Office Box Address)

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____