

02/11

**OFFICE OF THE STATE FIRE MARSHAL**  
 800 SW JACKSON, STE 104, TOPEKA, KS 66612  
 PHONE: (785) 296-3401 FAX: (785) 296-0151

*If you are submitting your documents for review by OSFM, we review submitted forms in the order received. We will require 30 days to review submissions.*

<b>REQUEST FOR PROJECT REVIEW – PAGE 1 OF 2 ( CHILD CARE FACILITIES WITH 24≤ CHILDREN COMPLETE PAGE 1 )</b>
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<b>DATE:</b>	<b>COUNTY PROJECT LOCATED:</b>
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<input type="checkbox"/> SCHOOL (K-12 and/or Colleges and Universities)	<input type="checkbox"/> HOSPITAL
<input type="checkbox"/> CHILDCARE/PRESCHOOL Total Children #: <input type="checkbox"/> Half Day <input type="checkbox"/> Full Day <input type="checkbox"/> Infants   Ages:	<input type="checkbox"/> AMBULATORY SURGICAL CENTER
<input type="checkbox"/> DROP IN PROGRAM LESS THAN 2000 OCC.	<input type="checkbox"/> NURSING HOME
<input type="checkbox"/> CORRECTIONAL/DETENTION	<input type="checkbox"/> ICF/MR
<input type="checkbox"/> MULTI-FAMILY RESIDENTIAL OVER 12,000 S.F.	<input type="checkbox"/> HOSPICE
<input type="checkbox"/> ASSEMBLY FOR 2000 OR MORE OCCUPANTS	<input type="checkbox"/> ASSISTED LIVING
<input type="checkbox"/> OTHER (list):	<input type="checkbox"/> RESIDENTIAL BOARD & CARE/HOME PLUS: Clients#
	<input type="checkbox"/> MEDICARE <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> MEDICAID <input type="checkbox"/> Yes <input type="checkbox"/> No

**FACILITY INFORMATION**

<b>NAME</b>	
<b>STREET</b>	
<b>CITY</b>	
<b>STATE/ZIP</b>	
<b>PHONE NUMBER</b>	
<b>FAX NUMBER</b>	

**OWNER'S REPRESENTATIVE (SINGLE POINT CONTACT RESPONSIBLE FOR ALL FUTURE CORRESPONDENCE TO THIS PROJECT)**

	PRIMARY	SECONDARY
<b>NAME</b>		
<b>STREET</b>		
<b>CITY</b>		
<b>STATE/ZIP</b>		
<b>PHONE NUMBER</b>		
<b>FAX NUMBER</b>		
<b>E-MAIL ADDRESS</b>		

**TYPE OF SUBMITTAL: CODE FOOTPRINTS – REQUIRED BY STATE LAW (K.A.R. 22-1-7)**

<input type="checkbox"/> NEW BUILDING	<input type="checkbox"/> TEMP. EGRESS/EXITING DURING CONSTRUCT.
<input type="checkbox"/> ADDITION TO EXISTING BUILDING	<input type="checkbox"/> LIC. AMENDMENT/NEW: KDHE <input type="checkbox"/> KDOA <input type="checkbox"/> SRS <input type="checkbox"/>
<input type="checkbox"/> RENOVATION/REMODELING	<input type="checkbox"/> CHANGE IN USE
<input type="checkbox"/> CHANGE OF OWNERSHIP	<input type="checkbox"/> EXISTING BUILDING CHANGE OF OCCUPANCY

**OPTIONAL DOCUMENTATION AS REQUIRED BY KANSAS STATE FIRE MARSHAL IN WRITING DURING REVIEW**

<input type="checkbox"/> SPRINKLER DOCUMENTS	<input type="checkbox"/> FIRE ALARM DOCUMENTS
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