

 UNIVERSITY OF GEORGIA <small>www.esd.uga.edu</small>	UNIVERSITY OF GEORGIA OFFICE OF FIRE SAFETY Environmental Safety Division 240A Riverbend Road, Athens, Georgia 30602 Phone: 706-542-5801	 UGA FIRE SAFETY UGA-354
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 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 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: _____