



## K A N S A S

<p>DAN MCLAUGHLIN FIRE MARSHAL</p>	<p>OFFICE OF THE KANSAS STATE FIRE MARSHAL</p>	<p>MARK PARKINSON GOVERNOR</p>
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**REQUEST FOR PROJECT REVIEW – PAGE 1 OF 2 ( CHILD CARE FACILITIES WITH 24≤ CHILDREN COMPLETE PAGE 1)**  
 TO RECEIVE A REVIEW OF A SUBMITTED CODE FOOTPRINT AND RELATED REVIEWS COMPLETE THE FOLLOWING:

DATE:	COUNTY PROJECT LOCATED:
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TYPE OF OCCUPANCY: ( CHECK ALL APPLICABLE)			
	SCHOOL (K-12 and/or Colleges and Universities)		HOSPITAL
	CHILDCARE/PRESCHOOL Ages _____ <input type="checkbox"/> Half Day <input type="checkbox"/> Full Day Number of children _____		AMBULATORY SURGICAL CENTER
	DROP IN PROGRAM LESS THAN 2000 OCCUPANTS		NURSING HOME
	CORRECTIONAL/DETENTION		ICF/MR
	MULTI-FAMILY RESIDENTIAL OVER 12,000 S.F.		HOSPICE
	ASSEMBLY FOR 2000 OR MORE OCCUPANTS		ASSISTED LIVING
	OTHER (list)		RESIDENTIAL BOARD AND CARE/HOME PLUS
			MEDICARE <input type="checkbox"/> Yes <input type="checkbox"/> No
			MEDICAID <input type="checkbox"/> Yes <input type="checkbox"/> No

FACILITY INFORMATION	
NAME	
STREET	
CITY	
STATE/ZIP	
PHONE NUMBER	
FAX NUMBER	
OWNER'S REPRESENTATIVE (SINGLE POINT CONTACT RESPONSIBLE FOR ALL FUTURE CORRESPONDENCE TO THIS PROJECT)	
NAME	
STREET	
CITY	
STATE/ZIP	
PHONE NUMBER	
FAX NUMBER	
E-MAIL ADDRESS	

TYPE OF SUBMITTAL			
CODE FOOTPRINTS – REQUIRED BY STATE LAW (K.A.R. 22-1-7) <sup>1</sup>			
	NEW BUILDING		TEMP. EGRESS/EXITING DURING CONSTRUCT.
	ADDITION TO EXISTING BUILDING		LIC. AMENDMENT: KDHE <input type="checkbox"/> KDOA <input type="checkbox"/> SRS <input type="checkbox"/>
	RENOVATION/REMODELING		CHANGE IN USE
	CHANGE OF OWNERSHIP		EXISTING BUILDING CHANGE OF OCCUPANCY
OPTIONAL DOCUMENTATION AS REQUIRED BY KANSAS STATE FIRE MARSHAL IN WRITING DURING REVIEW			
	SPRINKLER DOCUMENTS		FIRE ALARM DOCUMENTS