



REC'D:

REG/INSP

**** NOTICE **** State Statute 327.101 requires that any building which is more than 20,000 cubic feet in size OR has more than nine (9) occupants must have blueprints prepared by a registered architect.

- * Omission of any of the items below will cause a delay in the plan review process.
- * During the construction phase, Missouri Division of Fire Safety must conduct a framing and wiring inspection.
- * Failure to have this framing & wiring inspection will result in an unapproved fire safety inspection.

PLANS SUBMITTED MUST INCLUDE THE FOLLOWING – complete both pages of this form.

- | | |
|---|--|
| <input type="checkbox"/> Full dimensions of buildings, rooms, doors, etc. | <input type="checkbox"/> Location of all exits, exit door swing, hardware |
| <input type="checkbox"/> Location and size of all windows | <input type="checkbox"/> Location and size of fire extinguishers |
| <input type="checkbox"/> Type of wall construction and interior finish | <input type="checkbox"/> Ceiling height in all approved child care spaces |
| <input type="checkbox"/> Location of all emergency lighting and lighted exit signs | <input type="checkbox"/> Location of kitchen and cooking equipment |
| <input type="checkbox"/> Location and type of all fire alarm equipment - smoke detectors, heat detectors, manual pull stations, horn and strobe warning devices | <input type="checkbox"/> Fire rating of all mechanical rooms, furnace rooms, laundry rooms |

FACILITY TYPE: FAMILY DAYCARE HOME GROUP DAYCARE HOME DAYCARE CENTER
 LICENSE-EXEMPT DAYCARE DMH DSS DYS

DVN (**REQUIRED** - obtained from Specialist): _____

SPECIALIST: _____

CSR: _____

OF ROOMS USED FOR CARE: _____ AGE RANGE: _____ to _____ CAPACITY: _____

Facility Name: _____

Owner/Administrator: _____

Address: _____

City: _____ County: _____ ZIP: _____

Phone: _____ email: _____

Submitted by: (architect, contractor, etc. – if same as above, leave blank)

Company: _____

Name: _____

Address: _____

Phone: _____ email: _____



1. Is this facility currently licensed? Yes No

2. What type of work will be done?

- Fire alarm
- Fire sprinkler system
- New construction
- Remodel of existing facility
- Number of stories
- Basement
- Hours of operation _____ to _____

3. Please describe *in detail* the type of work to be done. _____

Send to: PLAN REVIEW, INSPECTION UNIT
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