

# Plan Lodgement Form



## EXPLANATORY NOTES

- Every** question on this form **MUST** be completed. Please read [Guideline No. 7](#) for all *Deemed-to-Satisfy* applications and [Guideline No. 15](#) for Alternative Building Solutions before completing this form. These documents are available at [www.fesa.wa.gov.au](http://www.fesa.wa.gov.au).
- Please submit only **ONE (1)** copy of the required information – refer to the guidelines for full details.
- Drawings that are not relevant to fire safety aspects of the project **SHOULD NOT** be submitted to FESA. Please **DO NOT** include the following:
  - X** Structural Drawings
  - X** Large scale architectural and furniture details
  - X** Sanitary and stormwater plumbing plans and detail
- Preliminary drawings WILL NOT** be accepted by FESA (*exceptions may apply to Alternative Building Solutions*). Contact the Built Environment Branch on 9323 9780 for more information.
- Submit this form with plans to:  
Fire & Emergency Services Authority of WA, Built Environment Branch  
480 Hay Street, Perth WA 6000, PO Box P1174, Perth WA 6844

Failure to provide the relevant information **will** result in delays.

<b>SITE DETAILS</b>	Lot No:	Street No:	Street Name:	
	Suburb:		Postcode:	Nearest Cross Street:
	Name of premises or project description:			Local Government or AHJ:

<b>BUILDING DETAILS</b>	Is this a new building or an existing building with a proposed addition? New building <input type="checkbox"/> Existing building <input type="checkbox"/>	
	Total floor area (m <sup>2</sup> ):	Floor area of addition to existing building (m <sup>2</sup> ):
	Floor area & volume of largest fire compartment: Floor area: (m <sup>2</sup> ) Volume: (m <sup>3</sup> )	Type of Fire Detection System if provided? <input type="checkbox"/> Addressable <input type="checkbox"/> Conventional <input type="checkbox"/> N/A
	Building use (e.g. factory):	Alarm Warning type if provided? <input type="checkbox"/> EWIS <input type="checkbox"/> BOWS <input type="checkbox"/> N/A
	Estimated Construction Completion Date:	Is a Direct Brigade Alarm connection provided? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Construction Materials: Floors: Walls: Roof:	Is the project considered a "large isolated building" as per BCA C2.3/C2.4? <input type="checkbox"/> Yes <input type="checkbox"/> No
	How many storeys will the building have?	If Yes, what option(s) is being used to satisfy smoke hazard management? <input type="checkbox"/> Detection and Alarm System <input type="checkbox"/> Natural Smoke Venting <input type="checkbox"/> Automatic Smoke Exhaust <input type="checkbox"/> Sprinkler System <input type="checkbox"/> Smoke and Heat Vents
	Does the project require building relay pumps as per AS2419 (i.e. has an effective height >50m <sup>2</sup> )? <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>BUILDING DETAILS</b>	<b>Will Licensed Dangerous Goods be stored at the premises?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known If yes, please provide details:	<b>Are 'Protection of Openings' measures required? (i.e. windows/doors exposed to a boundary)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, tick the appropriate below:</i> <input type="checkbox"/> Doors in Fire Walls <input type="checkbox"/> Sliding Fire Doors <input type="checkbox"/> Wall Wetting Drenchers
	Are there aspects that require special consideration for either buildings or external areas of the site? (i.e. the type & quantity of materials stored or processed, limited water supply, geographical location or emergency management needs) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known <i>If yes, please provide details on a separate sheet</i>	

<b>APPLICANT DETAILS</b>	<b>Name:</b>		
	<input type="checkbox"/> Architect /Designer <input type="checkbox"/> Builder <input type="checkbox"/> Fire Engineer <input type="checkbox"/> Owner <input type="checkbox"/> LG or AHJ <input type="checkbox"/> Other		
	<b>Note: Correspondence will be sent to the address below.</b>		
	<b>Postal Address:</b>		<b>Postcode:</b>
	<b>Contact Details:</b>		
	<b>Phone:</b>	<b>Fax:</b>	<b>Date:</b>
	<b>Email:</b>		

Please indicate the drawings and information submitted <u>OR alternatively, provide a transmittal sheet</u> (1 copy only of each)	Drawings ✓	or N/A
Site plan (scale not less than 1:500)	<input type="checkbox"/>	<input type="checkbox"/>
Dimensioned floor plan/s (not less than 1:100) Elevations & Sections	<input type="checkbox"/>	<input type="checkbox"/>
Hydraulic fire service drawings <i>Please provide fully dimensioned drawings showing hydrant coverage, distance to hardstand etc.</i>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical and Fire detection/Alarm warning	<input type="checkbox"/>	<input type="checkbox"/>
Mechanical Ventilation	<input type="checkbox"/>	<input type="checkbox"/>
Fire Engineering Brief or Report <i>Please forward an "electronic copy" for archiving</i>	<input type="checkbox"/>	<input type="checkbox"/>