



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. \_\_\_\_\_

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Send to: PLAN REVIEW, INSPECTION UNIT  
PO BOX 844, JEFFERSON CITY, MO 65102  
205 JEFFERSON ST., JEFFERSON CITY, MO 65101

email: inspect@dfs.dps.mo.gov  
Ph. 573-522-6207  
FAX: 573-526-5971