

## State of Kansas - Request for DCC Review and/or a Permit to Build

Department of Administration, OFPM-DCC

Page one (1) of this form required on all submittals. Page two (2) only required when submitting code footprint.  
Send a separate Form 120 for each type of submittal. Update the submittal date each time a submittal is sent.

|      |   |  |                    |   |
|------|---|--|--------------------|---|
|      |   |  |                    |   |
| Date | DCC Project No.<br><small>(required – obtain from agency)</small> | Agency Project No.<br><small>(if assigned by Agency)</small> | State Building No. | OSFM - KIDS No.<br><small>(required – obtain from agency)</small> |

|   |  |                                     |  |
|---|--|-------------------------------------|--|
| Agency  |  | Current Estimated Construction Cost |  |
| Building Name and Project Title                 |  |                                     |  |
| Address for building (street, city, state, zip) |  |                                     |  |

|                |        | Primary Contact | Contact 2 | Contact 3 |
|----------------|--------|-----------------|-----------|-----------|
| A/E Contact    | Name   |                 |           |           |
|                | Firm   |                 |           |           |
|                | E-mail |                 |           |           |
| Agency Contact | Name   |                 |           |           |
|                | E-mail |                 |           |           |

**TYPE OF SUBMITTAL** *(check applicable box)*

*(Reference Building Design and Construction Manual Part A – Chapter 4 for submittal requirements)*

|   |   |
|---|---|
|   | <p><b>Code Footprint (CF)</b> (KAR 22-1-7) ** (Complete page 2 of this form)</p> <p><u>Check one of the following:</u></p> <ul style="list-style-type: none"> <li>Preliminary Submittal (courtesy review by OFPM only)</li> <li>Final Submittal (Sealed/Signed)</li> <li>Revised Submittal (Sealed/Signed)</li> </ul> |
|   | <p><b>Construction Separation / Temporary Egress Plans (TE)</b></p>   |
|   | <p><b>For Projects <u>NOT</u> bidding Through DCC</b></p> <p style="padding-left: 20px;"><b>Document Review –</b></p> <p style="padding-left: 20px;"><b>Final Construction Document -Permit to Build</b> (sealed and signed) CD-PB</p>  |
|   | <p><b>For Projects bidding Through DCC</b></p> <p style="padding-left: 20px;"><b>Document Review –</b></p> <p style="padding-left: 20px;"><b>Final Bid Document – Permit to Build</b> (sealed and signed) BD-PB</p>   |
|   | <p><b>Fire Alarm Shop Drawing (FA)</b></p>  |
|   | <p><b>Fire Suppression Shop Drawing (FS)</b></p>  |
|   | <p><b>Other</b> (provide description below)</p>   |
| <p>Description of Submittals and / or comments.</p> |   |

**Send this form along with review submittals to:**

State of Kansas - Department of Administration - OFPM-DCC; 700 SW Harrison Street, Suite 1200; Topeka, Kansas 66603-3929  
Code Footprints / Temporary Egress Plans may be e-mailed. E-mail - [lori.ploude@ks.gov](mailto:lori.ploude@ks.gov) and [dcc@ks.gov](mailto:dcc@ks.gov).

| STATE OF KANSAS BUILDINGS – CODE FOOTPRINT COMPLIANCE ATTESTATION (K.A.R. 22-1-7)   |    |   |                   |    |  |
|---|----|---|-------------------|----|--|
| DCC Project Number:   |    |   | OSFM KIDS Number: |    |  |
| Bldg. Name and Project Title:   |    |   |                   |    |  |
| Architect or engineer to check the (Met) column to indicate compliance to Kansas Fire Prevention Code and K.A.R. 22-1-7. Select NA only if the component is not part of this project. |    |   |                   |    |  |
| Met   | NA | The following shall be provided on each code footprint:   | Met               | NA | The following narrative is required on code footprints:  |
|   |    | 11 x 17 drawings with pages numbered x of y (Black and white copies only.) Provide one (1) copy. Provide signature lines for Owner, OSFM and OFPM on first sheet. |                   |    | Reason for submittal: new construction, new licensure, certificate of occupancy, or plan of correction for existing code deficiencies. |
|   |    | Complete floor plan, including existing facilities and new construction for each floor of the facility.   |                   |    | Project construction purpose: new, addition, change in use, renovation or other.   |
|   |    | First sheet or each sheet sealed by a Kansas licensed design professional.  |                   |    | Code or codes used (All code footprints must list the Kansas Fire Prevention Code and related statement.)                              |
| Met   | NA | The following information is required on code footprints:   |                   |    | Location of any anticipated future additions.  |
|   |    | Graphic bar scale and OFPM Form 111 Code Footprint Graphic Legend.  |                   |    | Name, address, city, state, zip code, phone number and fax number of the owner (State agency) and Agency-Building number.              |
|   |    | North directional indicator.  |                   |    | Date developed and any revision dates  |
|   |    | Complete building floor plan with a clear identification of new remodeled and existing portions.  |                   |    | Name, address, city, state, zip code, phone number, fax, number, e-mail address of the designer.                                       |
|   |    | All permanent partitions taller than 6 feet.  |                   |    | Designers seal (RA or PE).   |
|   |    | Label with plain text, keynotes or legends for each room/space.   |                   |    | Name of the responding fire service.   |
|   |    | Occupant load of assembly rooms and total occupant load for each floor level.   |                   |    | Name of the local building inspection department (list as OFPM-DCC.)   |
|   |    | Identification of openings and ratings of stair and shaft enclosures.   |                   |    | Each occupancy group and type & each room occupant load.   |
|   |    | Identification of ratings of corridors and openings   |                   |    | Type of construction.  |
|   |    | Occupancy and area separations (identify wall ratings and opening ratings.)   |                   |    | Structural code requirements, including the following:   |
|   |    | Horizontal exit arrangements exit passageways, and smoke compartments (identify wall ratings and opening ratings.)  |                   |    | Total floor area of each occupancy, actual and allowable (provide mixed area calculations as applicable.)                              |
|   |    | Designate all required exterior exits and exit capacity (Identify interior exits, if more than one exit required from any interior room, space or floor.)         |                   |    | Height and area limitations, actual and allowable for each floor and for building.   |
|   |    | Location of the central fire alarm control panel and any remote annunciator panels.   |                   |    | Structural fire ratings, actual and allowable.   |
|   |    | Fire department connections   |                   |    | Identification of <u>active</u> fire safety features, including: (please list as required/not required and provided/not provided.)     |
|   |    | Fire department access roads and fire hydrants.   |                   |    | Type of automatic suppression system/locations (include standpipe requirements.)   |
|   |    | Distances to property line and exposures.   |                   |    | Fire alarm signaling system (describe system.)   |
|   |    | Any special hazards or conditions (list quantities of hazards and code sections.)   |                   |    | Emergency lighting and power features (describe extent and location of lighting and describe power features.)                          |
|   |    | Location of any anticipated future additions.   |                   |    | Smoke control system (extend and purpose)  |
|   |    | RESERVED  |                   |    | Water supply requirements for fire suppression (demand required.)  |
|   |    | RESERVED  |                   |    | Alternative design or methods of construction, or both.  |