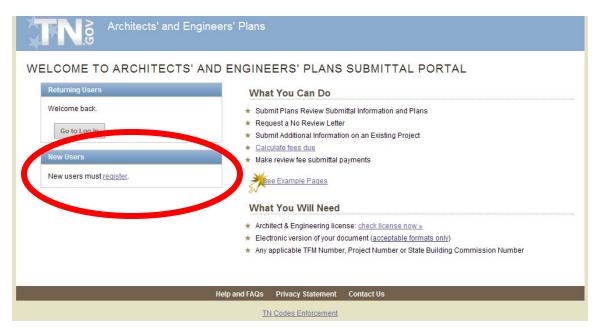
## **TNSFMO Portal Application Guide**

#### **HOW TO GET THERE:**

Web Address (URL): https://apps.tn.gov/tnsfmo/

All users must have a registered TN.gov account. There is a link to register an account on the application homepage.



# **HOW TO PAY:**

Users can pay by either e-check or credit card.

#### E-CHECK

- ACH transaction using checking account number and routing number
- \$1.00 processing fee

## **CREDIT CARD**

- MasterCard, American Express and Discover are accepted
- 2.49% processing fee

Fees for state-owned projects will be paid by interagency journal voucher or invoice.

## **HOW TO PREPARE FILES:**

Electronic Plans Submittal Preferences: http://tn.gov/commerce/sfm/acceptableformats.shtml

There is no limit on the file size that can be uploaded. Upload times will depend on the user's internet connection.

# Below is a list of the questions from the application. Questions with an asterisk (\*) are required. Questions in *italics* are optional or required only in some cases. General Project Information

- \*Project Name:
- \*Are this project's buildings to be state-owned or state-leased?
- \*Type of Filing:

If you had a Pre-Submittal Meeting with the TN State Fire Marshal's Office regarding this project, please select the examiner's name with whom you met:

#### Site Information

- \*Construction Street Address:
- \*Construction City:
- \*Construction Zip Code:
- \*Construction County:
- \*Project within City Limits or Planning Region:

If located within an Exempt Jurisdiction, select the jurisdiction:

#### **Owner Information**

- \*Owner Name:
- \*Owner Authorized Contact Person:
- \*Owner Address Line:
- \*Owner City:
- \*Owner State:
- \*Owner Zip Code:
- \*Owner Phone Number:
- Owner Fax Number:
- Owner E-mail Address:
- Owner Additional E-mail Address 1:
- Owner Additional E-mail Address 2:

## **Design Professional Information**

- \*Architect/Engineer First Name:
- \*Architect/Engineer Last Name:
- \*Architect/Engineer Firm:
- \*Architect/Engineer Registration Number:
- \*Architect/Engineer Address Line:
- \*Architect/Engineer City:
- \*Architect/Engineer State:
- \*Architect/Engineer Zip Code:
- \*Architect/Engineer Phone Number:
- Architect/Engineer Fax Number:
- \*Architect/Engineer E-mail Address:
- Architect/Engineer Additional E-mail Address 1:
- Architect/Engineer Additional E-mail Address 2:

## **Contractor Information**

\*Can you provide Contractor?

The following questions are required only if the user answers Yes to the question above.

Contractor First Name:

Contractor Last Name:

Contractor License Number:

Contractor Company:

Contractor Address:

Contractor City:

Contractor State:

Contractor Zip Code:

Contractor Phone Number:

Contractor Fax Number:

Contractor E-mail Address

## **Sprinkler Contractor Information**

\*Can you provide Sprinkler Contractor?

The following questions are required only if the user answers Yes to the question above.

Sprinkler Contractor First Name

Sprinkler Contractor Last Name

Sprinkler Contractor RME Number

Sprinkler Contractor Name of Firm

Sprinkler Contractor Registration Number of Firm

Sprinkler Contractor Address

Sprinkler Contractor City

Sprinkler Contractor State

Sprinkler Contractor Zip Code

Sprinkler Contractor Phone Number

Sprinkler Contractor Fax Number

Sprinkler Contractor E-mail Address

## **Building/Construction Information**

\*Building Name or Designation:

\*Building Street Address:

Building TFM Number:

\*Building Types:

\*This building will comply with an accessibility code:

State Department Which Will Lease: (required if state-owned)

State Building Commission Number: (required if state-owned)

\*Occupancy Group - IBC:

Occupancy Group – NFPA (required for day care and educational occupancies and stateowned buildings)

\*Approximate Construction Start Date:

\*Anticipated Date of Completion:

\*New Construction Type:

\*New Construction Sprinklered:

\*New Construction Height:

\*New Construction Stories:

\*New Construction Building Area:

\*New Construction Total Building Area:

Is Construction Existing?

The following questions are required only if the user answers Yes to the question above.

Existing Construction Type:

Existing Sprinkler is sprinklered?:

If sprinklered, what is the approximate age of the sprinkler system?

Existing Construction Height:

Existing Construction Stories:

Existing Construction Building Area Sqft per largest floor:

Existing Construction Total Building Area Sqft all floors:

If project includes an existing building, please include original construction date including any additions:

## **Day Care**

\*Are Plans for Day Care?

The following questions are required only if the user answers Yes to the question above.

DHS Licensing Counselor:

Maximum Enrollment:

Age of children served:

Number of children younger than 2.5 years:

## Additional Consultants – Users can enter up to 10 consultants

Consultant 1 - First Name:

Consultant 1 - Last Name:

Consultant 1 - License Number:

#### **Additional Information**

Additional Comments:

## **Cost of Construction**

\*Estimated Cost of Construction: