

For multi-family (3+ units), commercial, industrial, institutional, or mixed use building projects, this form **must be attached** to a completed Building Permit Application form. This form is to be completed by the architect or engineer who prepared the plans for the subject project.

REQUIREMENTS FOR PLANS:

- All plans submitted for review must bear the **signature AND seal** of a registered architect or engineer.
- Fire rated assemblies must have the applicable UL design numbers included in the specification booklet or shown on the plans.

PLEASE COMPLETE ALL ITEMS AS INDICATED; THIS INFORMATION IS THE MINIMUM REQUIRED FOR PLAN REVIEW.

I. Project Information (Required)

A. Location

Project Address _____ Suite No. _____ Floor No. _____ Project Name _____

B. Use Group Classification (Chapter 3) by Floor

	Floor(s)		Floor(s)		Floor(s)		Floor(s)
A-1 (303.1)	_____	F-1 (306.2)	_____	I-1 (308.2)	_____	R-3 (310.1)	_____
A-2 (303.1)	_____	F-2 (306.3)	_____	I-2 (308.3)	_____	R-4 (310.1)	_____
A-3 (303.1)	_____	H-1 (307.3)	_____	I-3 (308.4)	_____	S-1 (311.2)	_____
A-4 (303.1)	_____	H-2 (307.4)	_____	I-4 (308.5)	_____	S-2 (311.3)	_____
A-5 (303.1)	_____	H-3 (307.5)	_____	M (309.1)	_____	OTHER	_____
B (304.1)	_____	H-4 (307.6)	_____	R-1 (310.1)	_____	(specify)	_____
E (305.1)	_____	H-5 (307.7)	_____	R-2 (310.1)	_____		_____

C. Type of Construction (Chapter 6) (NOTE: In the case of additions to existing buildings, where construction in the existing building is of a lesser type, the **designated construction classification** of the **building and addition** shall be of the lesser type unless **ALL** of the requirements for the higher type are fulfilled.)

- | | | | |
|------------|------------|------------|--------------------------------|
| 1A (602.2) | 2B (602.2) | 4 (602.4) | <input type="checkbox"/> OTHER |
| 1B (602.2) | 3A (602.3) | 5A (602.5) | (specify) _____ |
| 2A (602.2) | 3B (602.3) | 5B (602.5) | |

D. Dimensions

Actual building height: _____ ft; _____ stories **Area:** **Total** area of **building footprint** (not just tenant space) _____ sq ft
 Floors included in scope of work _____ stories Floor area included in **scope of work** _____ sq ft

E. Occupant Load of the building / addition / remodeled space based on Table 1004.1.2: _____ **OR** Unchanged

F. Number of Units/Suites (Include each unit): **Residential:** Existing occupiable _____ New white box _____ New occupiable _____
Non-Residential: Existing occupiable _____ New white box _____ New occupiable _____

G. Trades (If Yes to **ANY** of the following, applicable trade plan(s) or waiver(s) from lead inspector(s) are required. Call 456-4100 to talk to a lead inspector.

Additional fees may apply to partial and/or deferred submittals to cover increased processing costs.)

- | | | |
|--|-----|----|
| Will electrical work involve a 400+ amp service and 3,500+ sq ft floor area, or an unusual design? | Yes | No |
| Will HVAC work exceed minor relocation of existing diffusers? | Yes | No |
| Will 13 or more plumbing fixtures required by MPC be modified or added? | Yes | No |
| Will fire alarm, sprinkler, food service, or other specialized plans be required? | Yes | No |

H. Fire Suppression

- | | | |
|--|---------|-------------------|
| Will the building be equipped with an automatic fire suppression system? (903.2) | Yes | No |
| If Yes, what type of system? (903.3) | NFPA 13 | NFPA 13R NFPA 13D |
| Will an alternative fire extinguishing system be involved?(904) | Yes | No |
| Will the building be equipped with standpipes (905) | Yes | No |

I. Fire Alarm and Detection

- | | | |
|--|-----|----|
| Will the building be equipped with a fire alarm system? (907) | Yes | No |
| Will the building be equipped with a smoke detection system or smoke alarms? | Yes | No |

J. Energy Conservation(For **New Buildings, Additions, HVAC** and **Electric**, check the appropriate box(es) to indicate compliance with all relevant provisions of ASHRAE Standard 90.1 – 2013. **Documentation of compliance is required**)

Building _____ Addition _____ Equipment _____

K. Sustainability (Check the appropriate box(es) to indicate certification/compliance.)

LEED (level _____) Green Built _____ Other: _____

Sections A-I Are Required for ALL Applicants

II. Site Details (Required for *New Buildings, Additions, or New/Redeveloped/Reconfigured Parking Lots*)

A. Public Utilities

Water service connection to Water System will be: New Existing
 Fire service connection to Water System will be: New Existing

B. Land Use Development Services (LUDS) (If Yes to *ANY* of the following under II.B., submit an Application for LUDS Plan Review)

Located in flood plain *OR* within 500 ft of lake, river, stream, or drainage ditch? Yes No
 Total excavating, grading, filling, and/or landscaping of 2,500 sq ft or more? Yes No
 New/redeveloped parking lot of 1,000 sq ft or more? Yes No
 Modifying stormwater drainage system? Yes No
 Special Planning requirement (of Planning Comm., BZA or other approver)? Yes No

C. Traffic Safety

Changing internal traffic circulation, including new/modified drive-thru? Yes No
 New/modified curb cut(s)? Yes No
 Changing width of driveway(s)? Widening Narrowing No Change

D. Public Right-of-Way

Any work in the public right-of-way? Yes No
 If Yes to II.D. above, one or more of the following permit(s) are required:
 • Tap Permit(s), Connection Fee(s), and/or Street Opening Permit – for connecting to public utilities.
 • Sidewalk Permit – for sidewalk work in the public right-of-way.
 • Encroachment Permit – for on-going encroachment into the public right-of-way.
 • Temporary Occupancy Permit – for temporary occupancy of the public right-of-way.

III. Special Inspections (If Required under Section 1704.0)

A. Inspection Agency (If the proposed new construction requires Special Inspections under Section 1704.0 please provide the name, mailing address and telephone number of the inspection agency you wish to be considered for approval.)

Special Inspector		Company Name		
Street Address		Telephone Number	Fax Number	
City	State	Zip	Mobile Number	E-mail Address

B. Materials and Work Subject to Special Inspections (Check the Applicable Items)

- | | | |
|--|--|--|
| <input type="checkbox"/> Soil Boring Reports and Tests | <input type="checkbox"/> Precast Concrete Fabrication | <input type="checkbox"/> Steel Fabrication |
| <input type="checkbox"/> Soil Compaction | <input type="checkbox"/> Precast Concrete Erection | <input type="checkbox"/> Steel Erection |
| <input type="checkbox"/> Concrete | <input type="checkbox"/> Masonry Construction | <input type="checkbox"/> Fabricated Wood |
| <input type="checkbox"/> Intumescent Paint | <input type="checkbox"/> Fireproofing | <input type="checkbox"/> Other: _____ |
| | <input type="checkbox"/> Fire Resistant Penetrations/ Joints | |

IV. Identification (Required)

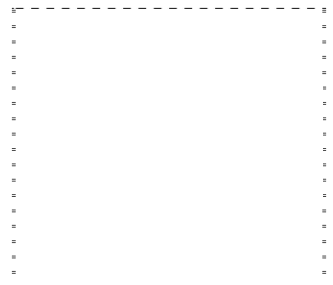
A. Architect or Engineer (Check here if project will include *construction administration* – field insp. by architect/engineer)

Name & Title		Company Name		
Street Address		Telephone Number	Fax Number	
City	State	Zip	Mobile Number	E-mail Address
License Number	Expiration Date	Additional Contact Person		

B. Architect/ Engineer Role: Design/submittal only Design/submittal & as-requested site visits Design/submittal & regular site visits

C. Certification (*Signature and Seal Required*)

Signature of Architect or Engineer _____ Date _____



WARNING: ANY OMISSION OR MISREPRESENTATION OF FACT ON THIS DOCUMENT MAY RESULT IN THE REVOCATION OF THE BUILDING PERMIT AND/OR LEGAL ACTION BEING TAKEN

For applications that do not include all required plans (i.e. deferred submittals), this form **must be attached** to a completed Building Permit Application form. This form is to be completed by the architect or engineer who is the "Registered Design Professional in Responsible Charge."

REQUIREMENTS FOR DEFERRAL:

- Deferral of any submittal items shall have the prior approval of the Building Official in accordance with Michigan Building Code, section 107.3.4.2.; **submittal of this form does not constitute approval.**
- The "Registered Design Professional in Responsible Charge" shall list the deferred submittals on the construction documents for review by the Building Official.
- Documents for deferred submittal items shall be submitted to the "Registered Design Professional in Responsible Charge" who shall review them and forward them to the Building Official with a notation indicating that the deferred submittal documents have been reviewed and found to be in general conformance to the design of the building.
- The deferred submittal items shall not be installed until the deferred submittal documents have been approved by the Building Official and applicable permits have been issued.
- These uses are ineligible for deferred plan submittal and will not be accepted for review if the application/plan is incomplete: Restaurants, Assembly, Auto Services, Nail Salons, and Hazardous Occupancies. Incomplete applications/plans for other uses may or may not be accepted for review, as determined by the Building Official.

PLEASE COMPLETE ALL ITEMS AS INDICATED; THIS INFORMATION IS THE MINIMUM REQUIRED

I. Project Information Please Print or Type

A. Location (Required)

Project Address _____ Suite No. _____ Floor No. _____ Project Name _____

B. Deferred Submittal Details (Required)

Deferral Requested	Deferred Plan Type	Reason for Deferral Comments	Designer Name & Company Responsible for Deferred Plan	Date to be Submitted
<input type="checkbox"/>	Architectural	_____	_____	_____
<input type="checkbox"/>	Electrical	_____	_____	_____
<input type="checkbox"/>	Fire Alarm	_____	_____	_____
<input type="checkbox"/>	Mechanical/HVAC	_____	_____	_____
<input type="checkbox"/>	Sprinkler	_____	_____	_____
<input type="checkbox"/>	Food Service	_____	_____	_____
<input type="checkbox"/>	Plumbing	_____	_____	_____
<input type="checkbox"/>	Other: _____	_____	_____	_____

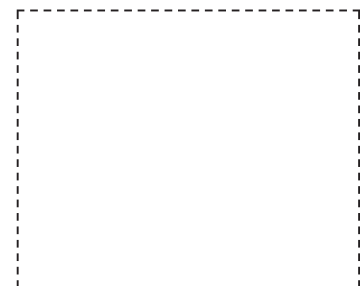
II. Identification (E-mail is the primary form of communication and is necessary to receive prompt application review updates)

A. Design Professional in Responsible Charge (Required)

Name & Title _____ Company Name _____
 Street Address _____ Telephone Number _____ Fax Number _____
 City _____ State _____ Zip _____ Mobile Number _____ E-mail Address (IMPORTANT) _____
 License Number _____ Expiration Date _____ Additional Contact Person _____

B. Certification (Signature and Seal Required)

Signature of Architect or Engineer _____ Date _____



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