

This form can be completed by tabbing to each field and typing in the required information.

## Application for Plan Examination

Michigan Department of Licensing and Regulatory Affairs

Bureau of Construction Codes  
P.O. Box 30255, Lansing, MI 48909  
517-241-9313

[bccpermits@michigan.gov](mailto:bccpermits@michigan.gov)  
[www.michigan.gov/bcc](http://www.michigan.gov/bcc)

### Validation Area

**Deposit Fee: \$125.00** (the first \$125.00 of an application is non-refundable)

Authority: 1972 PA 230 Penalty: Failure to provide information may result in denial of your request.	LARA is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.
---	--

### PROJECT OR FACILITY INFORMATION

FACILITY NAME	STREET / SITE ADDRESS
NAME OF CITY, VILLAGE OR TOWNSHIP IN WHICH FACILITY IS LOCATED	
<input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Township    Of: _____	COUNTY

### APPLICANT (Note: All correspondence will be sent to this address)

NAME OF COMPANY	APPLICANT NAME	LAST 4 DIGITS OF FEIN OR SS NO.
ADDRESS	CITY	STATE
EMAIL ADDRESS	ZIP CODE	TELEPHONE NUMBER (Include Area Code)
		FAX NUMBER (Include Area Code)

### PLAN REVIEW INFORMATION

GROSS FLOOR AREA				
<input type="checkbox"/> New Building _____	<input type="checkbox"/> Addition _____	<input type="checkbox"/> Alteration _____	<input type="checkbox"/> Repair _____	
CLASSIFICATION PER BUILDING CODE				
Building Use _____	Construction Type _____	No. of Occupants _____	Area/Floor _____	No. of Floors _____
FIRE SPRINKLERS				
<input type="checkbox"/> Entire Building	<input type="checkbox"/> Limited Area _____			<input type="checkbox"/> None
<input type="checkbox"/> Government Project Cost Less Than \$15,000.00	Project Description _____			
<input type="checkbox"/> Addendum No. _____ <input type="checkbox"/> Bulletin No. _____    Original Project No. _____				

### PLAN REVIEW

Applicant must submit a detailed statement in writing, verified by affidavit of the individual making it, of the specifications for the building or structure, and full and complete copies of the plans drawn to scale of the proposed work. Applicant must also submit a site plan showing the dimensions, and the location of the proposed building or structure and the other buildings or structures on the same premises.

Two (2) sets of construction documents are required with each application for plan examination.

<input type="checkbox"/> Building (includes barrier free)	<input type="checkbox"/> Electrical	<input type="checkbox"/> Mechanical	<input type="checkbox"/> Plumbing
<input type="checkbox"/> Footing / Foundation	<input type="checkbox"/> Fire Sprinkler	<input type="checkbox"/> Other _____	

### BUILDING OWNER

NAME (Company or Individual)	CONTACT PERSON	TELEPHONE NUMBER (Include Area Code)
ADDRESS	CITY	STATE
	ZIP CODE	FAX NUMBER (Include Area Code)

### PROJECT ARCHITECT / ENGINEER

NAME OF COMPANY	LICENSED INDIVIDUAL	MICHIGAN LICENSE NUMBER
ADDRESS	CITY	STATE
	ZIP CODE	TELEPHONE NUMBER (Include Area Code)

### AFFIDAVIT

I, \_\_\_\_\_ (name), \_\_\_\_\_ (title), attest that the statements, specifications, and plans submitted with this application are true and complete and contain a correct description of the building or structure, lot or parcel, and proposed work. I further attest that this application complies with the requirements of MCL 125.1510 and that I am a person authorized under MCL 125.1510(2) to make the statements and attestations contained in this application under MCL 125.1510(2).

SIGNATURE	DATE
-----------	------

## Instructions for Application for Plan Examination

**Project or Facility Information:** Provide all requested information. Mark the appropriate box (city, village or township) and state the name of the governmental subdivision where the project is located; not the post office location.

**Applicant Information:** Provide all requested information including a signature. All correspondence will be sent to this address, and this entity will be responsible for all fees.

**Plan Review Information:** Provide all requested information. The building use, construction type and number of occupants shall be as prescribed by the building code.

**Plan Review:** Mark all plan reviews desired or required.

**Building Owner:** Provide the requested information.

**Project Architect / Engineer:** Provide all requested information.

### Required Submittals for Plan Review

For each facility, submit completed application, \$125.00 (*the first \$125.00 of an application is non-refundable*) deposit fee made payable to the **State of Michigan** and two (2) sets of plans and/or specifications with **original seals and signatures** in accordance with 1980 PA 299. Fire sprinkler shop drawings and computations are not required to be sealed by a design professional.

**Building Code:** Site plan, foundation plan, soil bearing capacity, floor plans, building elevations, building sections, framing plans, details, roof plan, roof finish schedule, door schedule, roof live and dead loads.

**Electrical Code:** Plans for all electrical systems using more than six (6) circuits, except one- and two-family dwellings shall include lighting layout, circuiting, switching, conductor and raceway sizes, wattage schedule, service location and riser diagram, load calculations, appropriate plans showing standard symbols of all electrical equipment.

**Mechanical Code:** Plans indicating heating equipment, air conditioning equipment, ductwork material and layout, fire dampers, ventilation of rooms and areas, location of chimneys and vents, piping layouts.

**Plumbing Code:** Site plan, floor plans DMW riser diagrams and water distribution system and roof plan. Show direction of flow, pipe sizes, grade of horizontal piping, elevations, drainage fixture unit loading of both stacks and drains in the DWV system, supply fixture unit load for the water system, branch supplies serving more than one plumbing fixture, appliance or hose outlet.

**Energy Code:** Floor plans, building sections, details, average annual degree days, exterior envelope component materials, "U" values of elements, "R" values of insulating materials, size and type of apparatus and equipment, energy calculations.

### Upon Receipt of All Applications

Written confirmation will be sent to the applicant. Further correspondence, concerning the plan reviews, will be sent to the applicant and the project architect/engineer, if one is provided.

#### U.S. Postal Service

MI Dept. of Licensing and Regulatory Affairs  
Bureau of Construction Codes  
P.O. Box 30255  
Lansing, MI 48909

#### Courier Other Than U.S. Postal Service

MI Dept. of Licensing and Regulatory Affairs  
Bureau of Construction Codes  
2407 N. Grand River Avenue  
Lansing, MI 48906