

ADDENDUM FOR COMMERCIAL APPLICATION FOR PLAN REVIEW 2012 MICHIGAN BUILDING CODE

Date: _____ Project Name: _____

Location of Building: _____

Owner's Name: _____

Project Description (with square footage): _____

This application is to be completed by the Design Professional in RESPONSIBLE charge (Architect or Engineer) who prepared the plans for the above mentioned project. Please complete this application as thoroughly as possible. The information requested is necessary for this department to properly perform a plan review.

1. The building is equipped throughout with the following automatic fire suppression: (check one)

- No Complete Suppression
- NFPA 13 System (903.3.1.1)
- NFPA 13R System (903.3.1.2)
- Other System _____

2. The use group classification(s) of this building is: (check more than one if applicable)

- | | | | |
|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> A-1 (303.1) | <input type="checkbox"/> F-1 (306.2) | <input type="checkbox"/> I-1 (308.2) | <input type="checkbox"/> R-3 (310.1) |
| <input type="checkbox"/> A-2 (303.1) | <input type="checkbox"/> F-2 (306.3) | <input type="checkbox"/> I-2 (308.3) | <input type="checkbox"/> R-4 (310.1) |
| <input type="checkbox"/> A-3 (303.1) | <input type="checkbox"/> H-1 (307.3) | <input type="checkbox"/> I-3 (308.4) | <input type="checkbox"/> S-1 (311.2) |
| <input type="checkbox"/> A-4 (303.1) | <input type="checkbox"/> H-2 (307.4) | <input type="checkbox"/> I-4 (308.5) | <input type="checkbox"/> S-2 (311.3) |
| <input type="checkbox"/> A-5 (303.1) | <input type="checkbox"/> H-3 (307.5) | <input type="checkbox"/> M (309.1) | <input type="checkbox"/> U (312.1) |
| <input type="checkbox"/> B (304.0) | <input type="checkbox"/> H-4 (307.6) | <input type="checkbox"/> R-1 (310.1) | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> E (305.0) | <input type="checkbox"/> H-5 (307.7) | <input type="checkbox"/> R-2 (310.1) | |

3. If the building is occupied by two or more use group classifications, which option in Section 508 has been utilized in the design of the building? (check one)

- Option 1 – No Fire Separation of Uses – Are accessory occupancies included? Yes No
- Option 2 – Uses Separated with Fire Barrier Walls – Are accessory occupancies included? Yes No

4. The following is the type of construction classification proposed for the building: (check more than one is applicable) Table 601

- | | | |
|------------------------------------|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Type I A | <input type="checkbox"/> Type III A | <input type="checkbox"/> Type V A |
| <input type="checkbox"/> Type I B | <input type="checkbox"/> Type III B | <input type="checkbox"/> Type V B |
| <input type="checkbox"/> Type II A | <input type="checkbox"/> Type IV | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Type II B | | |

5. The following indicates the occupant load for which the exit(s) has been designed: (check more than one if applicable)

	Room or Area	Number of Occupants
<input type="checkbox"/> Table (1004.1.1)		
<input type="checkbox"/> Actual Number (1004.1.1)		
<input type="checkbox"/> No. by Combination (1004.1.1)		
<input type="checkbox"/> Increased Number (1004.2)		
<input type="checkbox"/> Fixed Seats (1004.7)		

Total Occupant Load _____

6. a) The building framing system has been designed to withstand a minimum 30 lb ground snow load?
 Yes No Other _____
- b) The building has been designed to withstand a minimum of a 90 mph wind load (3 second gust wind speed)? Yes No Other _____
7. The following indicates the live floor load(s), (Table 1607.1) for which the floor system has been designated:
- _____ psf, area _____
- _____ psf, area _____
- _____ psf, area _____
8. a) The soil bearing capacity required for this design is _____ per square foot.
- b) A soils investigation report has been prepared and attached? Yes No Other _____
9. The plans submitted do not show compliance with the following Michigan Barrier Free Design rules: (attach application for exception request)
- _____
- Building is in compliance with Michigan Barrier Free Design
10. The following sealed plans have been submitted, or will be submitted prior to the issuance of the applicable permit: (check more than one if applicable)
- Architectural Electrical Plumbing
- Mechanical Fire Suppression Other _____
- Special inspections will be performed (Section 1704)
- The special inspections statement handout (Section 1704.1.1) is attached
11. a) Required Heating demand _____ BTU's, Cooling demand _____ tons of cooling.
- b) Input rating of Heating equipment _____ BTU's, Cooling equipment _____ tons of cooling.
12. Provide electrical service voltage _____ amperage _____.
13. Number of plumbing fixtures _____
14. The building area is _____ square feet.
15. The building height above grade is _____ feet and _____ stories.
16. Fire areas and square footage _____
- _____
- _____
17. I have attached documentation for the energy code requirements:
- Building Envelope Heating and Cooling Systems Electrical Systems

Architect's or Engineer's Contact Information:

Name _____

Address _____

Office Phone _____

Cell Phone _____

 Signature with Seal