



**Charter Township of Washington**  
57900 Van Dyke, Washington, MI 48094 Phone (586) 786-0010 Fax (586) 786-0404

**Building Department**

**ADDENDUM FOR COMMERCIAL APPLICATION FOR PLAN REVIEW  
2015 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