

Application for Child Care Plan Review
Michigan Department of Labor & Economic Growth
Bureau of Fire Services

OVERNIGHT DELIVERY

Michigan Dept. of Labor & Economic Growth
Bureau of Fire Services
Child Care Section
300 N Washington Square, 4th Floor
Lansing, MI 48913

Child Care Section
P.O. Box 30700
Lansing, MI 48909
517-241-8847 Fax 517-335-4061

AGENCY USE ONLY

PROJECT # _____

Authority: 1973 PA 116 Completion: Voluntary Penalty: Project will not be reviewed	The Department of Labor & Economic Growth will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.
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Project Description

FACILITY NAME		STREET / SITE ADDRESS		
CITY	STATE	COUNTY	ZIP CODE	FIRE DEPARTMENT (Required)

SCOPE OF WORK (Floor, Wing, etc.)

Review Requested

Construction Plans/Spec's	Addendum # _____	Modification Request	*Specify Below
Consultation	_____	Fire alarm*	NOT related to a current project
Inspection	Bulletin # _____	Hood suppression*	
		Sprinkler*	Related to existing Child Care project # _____

Facility / Project To Be Reviewed

Child Care Center Capacity _____	Child Caring Institution Secure Open (7-15) _____ Residential Group Home (6 or less) Juvenile Court Operated	Children's Camp Capacity _____ Sleeping Yes No
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Building Data

Original Year Constructed: _____	This Submittal:	Square Footage - New Work: _____
Your AIA/PE Job #: _____	Addition	Square Footage - Existing: _____
Number of Stories (including basement): _____	Conversion	Type of Construction (per NFPA 220): _____
Sprinklers:	New Building	
Completely	Remodeling/Alteration	
Partially		

Applicant

NAME		ADDRESS		
CITY	STATE	ZIP CODE	TELEPHONE NO. (Include Area Code)	FAX NO. (Include Area Code)

Architect / Engineer

NAME		LICENSE NUMBER	ADDRESS	
CITY	STATE	ZIP CODE	TELEPHONE NO. (Include Area Code)	FAX NO. (Include Area Code)

Facility Contact Person

NAME		ADDRESS		
CITY	STATE	ZIP CODE	TELEPHONE NO. (Include Area Code)	FAX NO. (Include Area Code)

To Expedite Your Review

- All submittals must be accompanied by an Application for Child Care Plan Review (BFS-13) completely filled out.
Provide all requested information.
An "n/a" designation is helpful for areas where information does not pertain to the project.
- Only **ONE** set of construction documents or related specification drawings is required.
- Plans must be sealed by an architect or engineer registered in the State of Michigan when the cost of the project, including labor and materials exceeds \$15,000.
- All floor plans shall indicate exit locations, identify all room uses, and sprinkler coverage, if any.
- Furnish approved design numbers of all fire related assemblies.
- Changes to previously reviewed drawings must be specifically brought to our attention for review and comment.

Project Description

Please indicate the floor or work site to assist in identifying the project location, as well as:

- The architect's or engineer's project number.
- Square footage of new building, addition, remodeling, etc.
- Square footage of an existing building.
- Project Scope (description of project).