

**Application for Preliminary Plan Examination**  
 Michigan Department of Licensing and Regulatory Affairs  
 Bureau of Construction Codes / Plan Review Division  
 P.O. Box 30255, Lansing, MI 48909  
 517-241-9328  
 www.michigan.gov/bcc

Agency Use Only

**Deposit Fee: \$125.00** (the first \$100.00 of an application is non-refundable)

Authority: 1972 PA 230  
 Completion: Voluntary  
 Penalty: Plans will not be reviewed

LARA is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.

**Note: The applicant is responsible for all fees applicable to this application.**

FACILITY INFORMATION				
FACILITY NAME		STREET / SITE ADDRESS		
NAME OF CITY, VILLAGE OR TOWNSHIP IN WHICH FACILITY IS LOCATED				COUNTY
<input type="checkbox"/> City	<input type="checkbox"/> Village	<input type="checkbox"/> Township	Of: _____	
BUILDING DATA				
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"/> Public School or Government Project is Less Than \$15,000.00		Project Description _____		
PLAN REVIEW REQUEST				
<input type="checkbox"/> Building <input type="checkbox"/> Electrical <input type="checkbox"/> Mechanical <input type="checkbox"/> Plumbing <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)
APPLICANT (Note: All correspondence will be sent to this address)				
NAME OF COMPANY		APPLICANT NAME		FEIN OR SS NO.* (Required)
ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NUMBER (Include Area Code)
E-MAIL ADDRESS				FAX NUMBER (Include Area Code)
APPLICANT SIGNATURE (Must be an original signature)			DATE	

\*This information is confidential. Disclosure of confidential information is protected by the Federal Privacy Act.

## Instructions for Application for Preliminary Plan Examination

**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.

**Submittal:** Indicate what is being submitted. The project number is critical when linking addenda and bulletins with a previous submittal for the same project.

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

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

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

**Applicant:** Provide all requested information with an original signature. All correspondence will be sent to this address, and this entity will be responsible for all fees.

### Required Submittals for Plan Review

For each facility, submit completed application, \$125.00 (*the first \$100.00 of an application is non-refundable*) deposit fee made payable to the **State of Michigan** and one (1) set of plans 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.

### Upon Receipt of All Applications

Written confirmation will be sent to the applicant. Further correspondence, concerning the requested 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  
Plan Review Division  
P.O. Box 30255  
7150 Harris Drive  
Lansing, MI 48909

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

MI Dept. of Licensing and Regulatory Affairs  
Bureau of Construction Codes  
Plan Review Division  
2501 Woodlake Circle  
Okemos, MI 48864

Validation Area