

**Application for Premanufactured Unit**  
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

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

MANUFACTURER				
PRIMARY MANUFACTURER NAME (Note: Building Systems Approval Report and approved plans will be sent to this address)			C.A. NUMBER	
MANUFACTURER NAME			C.A. NUMBER	
MANUFACTURER NAME			C.A. NUMBER	
MANUFACTURER NAME			C.A. NUMBER	
MANUFACTURER NAME			C.A. NUMBER	
DESIGN DATA				
DESCRIPTION OF MANUFACTURED MODEL				
USE GROUP	CONSTRUCTION TYPE	OCCUPANT LOAD <input type="checkbox"/> ACTUAL <input type="checkbox"/> CALC. _____ PERSONS		TYPE OF UNIT <input type="checkbox"/> MODULAR <input type="checkbox"/> CORE <input type="checkbox"/> COMPONENT
ROOF LIVE / SNOW LOAD <span style="float: right;">PSF</span>		FLOOR LIVE LOAD <span style="float: right;">PSF</span>		GROUND SNOW LOAD <span style="float: right;">PSF</span>
WIND SPEED <span style="float: right;">MPH</span>		ROOF DEAD LOAD <span style="float: right;">PSF</span>		FLOOR DEAD LOAD <span style="float: right;">PSF</span>
HEATING DEGREE DAYS				
PLAN REVIEW REQUEST				
<input type="checkbox"/> BUILDING <input type="checkbox"/> ELECTRICAL <input type="checkbox"/> MECHANICAL <input type="checkbox"/> PLUMBING				
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, except approval, 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)				
APPLICANT SIGNATURE (Must be an original signature)			DATE	
FAX NUMBER (Include Area Code)				

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

ITEM	LOCATION		
	PLANS Sheet No.	SPECIFICATIONS Page No.	SYS. MANUAL Page No.
<b>BUILDING</b>			
MATING DETAILS			
FOUNDATION CONNECTION DETAILS			
EXTERIOR ELEVATIONS			
MAJOR CROSS SECTIONS			
WALL SECTION			
FLASHING DETAILS			
ATTIC ACCESS			
ATTIC VENTILATION			
EXTERIOR MATERIALS & FINISHES			
INTERIOR MATERIALS & FINISHES			
FIRE SEPARATION ASSEMBLY LOCATIONS			
DOOR / WINDOW SCHEDULES			
FOUNDATION PLANS			
CRAWL SPACE VENTING			
ENERGY CONSERVATION CALCULATIONS			
ACCESSIBILITY DETAILS			
LOCATION OF SMOKE DETECTORS			
FIRE RESISTANCE RATING / DETAILS			
FIRESTOPPING / DRAFTSTOPPING DETAILS			
STAIR DETAILS			
TOXICITY & FLAME SPREAD RATING FOR INTERIOR FINISHES			
DESIGN SOIL BEARING CAPACITY			
FOUNDATION LOADS			
FOUNDATION SIZES & DETAILS			
STRUCTURAL FRAMING DETAILS			
HEADER / LINTEL SCHEDULES			
TRUSS DESIGN			
FASTENER SCHEDULE			
LABEL & DATA PLATE LOCATION			
SITE INSTALLED ITEMS			
<b>ELECTRICAL</b>			
PANEL SCHEDULE(S)			
SERVICE EQUIPMENT PLAN OR RISER DIAGRAM			

ITEM	LOCATION		
	PLANS Sheet No.	SPECIFICATIONS Page No.	SYS. MANUAL Page No.
GROUNDING METHOD AND DETAILS			
LOAD CALCULATIONS			
SIZE OF FEEDERS AND BRANCH CIRCUIT			
LOCATION OF MAIN DISCONNECT			
METHOD OF INTERCONNECTION BETWEEN UNITS			
LOCATION OF OUTLETS AND JUNCTION BOXES			
FIXTURE MOUNTING METHOD			
SPECIAL EQUIPMENT OR APPLIANCE LOCATIONS			
OPTIONAL EQUIPMENT PLANS OR DETAILS			
SITE INSTALLED ITEMS			
<b>MECHANICAL</b>			
IS HEATING SYSTEM INSTALLED IN THE FACTORY? <input type="checkbox"/> YES <input type="checkbox"/> NO			
IS HEATING EQUIPMENT SUPPLIED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
HEATING AND COOLING EQUIPMENT LOCATIONS			
EQUIPMENT LOAD CALCULATIONS			
DUCT DESIGN CALCULATIONS			
DUCT AND REGISTER LAYOUTS			
LOCATIONS OF EXHAUST GRILLS IN BATHROOMS			
EXHAUST DUCT MATERIAL			
COMBUSTION AIR REQUIREMENTS			
VENTILATING AIR REQUIREMENTS			
VENTING SYSTEMS			
FIRE DAMPER LOCATIONS			
AIR BALANCING DEVICE LOCATIONS			
SMOKE DETECTORS IN DUCTWORK			
SPRINKLER SYSTEM			
SPRINKLER PLANS			
SPRINKLER CALCULATIONS			
MANUFACTURED FIREPLACE SPECIFICATION			
SITE INSTALLED ITEMS			
<b>PLUMBING</b>			
WATER PIPING SYSTEM			
AIR CHAMBERS			
VACUUM BREAKER ON HOSEBIBBS			

ITEM	LOCATION		
	PLANS Sheet No.	SPECIFICATIONS Page No.	SYS. MANUAL Page No.
SHOWER VALVES, TYPE AND TEMPERATURE SETTING			
INDIRECT WASTE			
CLEANOUTS			
SUBMIT RISER DIAGRAM			
MATERIAL - SPECIFICATIONS			
WATER HEATER DETAILS			
PIPE HANGER SPACING			
ACCESS PANEL LOCATION			
SITE INSTALLED ITEMS			
<b>FEE CALCULATION</b>			
ITEM	FEE (each)	NUMBER	TOTAL
<b>ONE- AND TWO-FAMILY DWELLINGS</b>			
NEW MODEL (ONE FOUNDATION SYSTEM)	\$300.00		
FOUNDATION OPTIONS	\$100.00		
REVERSE PLAN	\$100.00		
VARIOUS OPTIONS	\$100.00		
ADDITIONAL MANUFACTURER(S) SUBMITTAL (NOT PRIMARY)	\$100.00		
<b>OTHER THAN ONE- AND TWO-FAMILY DWELLINGS</b>			
NEW MODEL (ONE FOUNDATION SYSTEM) <b>\$100 Minimum</b>			
ADDITIONAL MANUFACTURER(S) SUBMITTAL (NOT PRIMARY)	\$100.00		
		<b>GRAND TOTAL \$</b>	_____

**Instructions for Application for Premanufactured Unit**

**Manufacturer:** Multiple plants may be listed. Provide manufacturer name and compliance assurance (C.A.) number for each plant. The information provided must match the information on file.

**Design 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, except approval, will be sent to this address and this entity will be responsible for all fees.

**Required Submittals for Plan Review**

For each model, submit completed application, the appropriate fee made payable to the **State of Michigan** and three (3) sets of plans and/or specifications with **original seals and signatures** in accordance with 1980 PA 299. The first \$100.00 of an application is non-refundable.

**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 inspection agency. A copy of the Building Systems Approval Report(s) and two (2) sets of approved plans will be shipped to the primary manufacturer for appropriate distribution to any additional listed plants and inspection agency(ies).

**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