

Application for Fire Safety Plan Examination
Michigan Department of Labor & Economic Growth
Bureau of Fire Services
Plan Review Division
P.O. Box 30700
Lansing, MI 48909
517-241-8847

253/257

Agency Use Only

PROJECT # _____

Authority: 1941 PA 207 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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Note: The architect / engineer / certified firm is responsible for all fees applicable to this application.

Project Description			
FACILITY NAME		STREET / SITE ADDRESS	
FIRE DEPARTMENT (Required)			
NAME OF CITY OR VILLAGE IN WHICH THE FACILITY IS LOCATED			COUNTY
CITY VILLAGE OF:			ZIP CODE
Estimated Project Cost: (All Facilities - See Back) _____		Fee Submitted: _____	

SCOPE OF WORK (Floor, Wing, etc. BE SPECIFIC.)

Review Requested	Facility / Project to be Reviewed		Building Data
Construction Plans/Spec's Consultation *Addendum # _____ *Bulletin # _____ Modification Request Fire alarm (specify below) Hood suppression (specify below) Sprinkler (specify below) Clean Agent (specify below) NOT related to a current project Related to existing FS project # _____	Review/Inspection Fee Required ** College/University (253) Dormitory (253) FSOF/ASC (257) Hospital (257) Hospital within a Hospital (257) Schools (253) Charter Schools (253) Hospice Residence (257)	Review/Inspection Fee NOT Required Adult Foster Care 7 - 12 13 - 20 Change of Licensee Home for Aged Nursing Home Penal Institution CMCF	Original Year Constructed: _____ Your AIA/PE Job #: _____ Number of Stories (including basement): _____ Sprinklers: _____ Completely None Partially This Submittal: Addition Conversion New Building Remodeling/Alteration Square Footage - New Work: _____ Square Footage - Existing: _____ Type of Construction (per NFPA 220): _____
*See Back - Miscellaneous Instructions	**See Back - Fee Schedule		

FACILITY CONTACT PERSON

NAME		ADDRESS		
CITY	STATE	ZIP CODE	TELEPHONE NUMBER (Include Area Code)	FAX NUMBER (Include Area Code)

ARCHITECT / ENGINEER / CERTIFIED FIRM

NAME (Licensed Individual)		LICENSE NUMBER / ACT 144 CERT NO.	E-MAIL ADDRESS (Required)	
NAME OF COMPANY			ADDRESS	
CITY	STATE	ZIP CODE	TELEPHONE NUMBER (Include Area Code)	FAX NUMBER (Include Area Code)

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

Instructions for Application for Fire Safety Plan Examination

To Expedite Your Review:

- All submittals must be accompanied by an Application for Fire Safety Plan Review 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.
- Construction documents must be sealed and signed by an architect or professional engineer licensed in the State of Michigan as required by 1980 PA 299. Fire suppression and alarm shop drawings and computations are not required to be sealed by a design professional.
- Act 144 certified firms shall provide the certification number issued by the Bureau of Fire Services.
- All fees are due upon submittal (colleges, hospitals, universities, dormitories, schools, charter schools, hospice residence and fsof/asc).

Fees are applicable on fire alarm, sprinkler and hood suppression system shop drawings in colleges, dormitories, free-standing outpatient facilities/ambulatory surgical centers, hospitals, universities, schools, charter schools and hospice residences.
Fees are not assessed on any other types of facilities.

- 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.
- Submit a separate check or money order for **each project** payable to the **State of Michigan**.
- **Health Care Project:** When applicable, identify the area(s) occupied by ambulatory/non-ambulatory patients, outpatients and location of all smoke barriers.
- Architect / Engineer / Certified Firm: Provide all requested information. All correspondence will be sent to this e-mail address and this entity will be responsible for all fees.

Fee Schedule

(Freestanding outpatient facilities and hospitals; colleges, universities, dormitories, schools, charter schools and hospice residences)

<u>Project Cost Range</u>	<u>Fee</u>
\$101,000.00 or less	Minimum Fee of \$155
\$101,001.00 to 1,500,000.00	\$1.60 per \$1,000
\$1,500,001.00 to 10,000,000.00	\$1.30 per \$1,000
\$10,000,001.00 or more	\$1.10 per \$1,000 - Maximum fee \$60,000

Miscellaneous Instructions

Estimated Project Cost (if original plans/spec's): The Project Cost includes all costs associated with the project other than the cost of equipment that is **not** "fixed." "Fixed" equipment is defined as equipment necessary to the operation of the building, including, but not limited to: air handlers, boilers, chillers, electric switchgear, elevators, generators, modular casework, etc.
If labor is being provided for the project, the cost of the labor shall be included.

Hood suppression systems shall be reviewed and billed individually.
Review of modifications, addenda and bulletins shall be billed \$155 for application with a one hour review. All review time after first hour to be billed at \$50.00 per hour.
Plan review consultation fee \$155.

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

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

Type of Review Requested: If the review you are requesting is not on the form, please write in your request.

U.S. Postal Service

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Courier Other Than U.S. Postal Service

Michigan Dept. of Labor & Economic Growth
Bureau of Fire Services
Fire Safety Plan Review Division
300 N. Washington Square, 4th Floor
Lansing, MI 48913-0001

Validation Area