

Application for Child Care Plan Review

Department of Licensing and Regulatory Affairs
Bureau of Community and Health Systems

FIRST CLASS MAIL
SUBMISSION ADDRESS

Michigan Dept. of Licensing and Regulatory Affairs
Bureau of Community and Health Systems
Environmental Health and Safety Section
611 W. Ottawa Street, 1st Floor, Ottawa Building
Lansing, MI 48933
Phone: 517-284-9702

OVERNIGHT MAIL (UPS, FedEx, DLH)
SUBMISSION ADDRESS

Michigan Dept. of Licensing and Regulatory Affairs
Bureau of Community and Health Systems
Environmental Health and Safety Section
2407 N. Grand River Avenue
Lansing, MI 48906
Phone: 517-284-9702

DEPARTMENT USE ONLY

PROJECT # _____

Authority: 1973 PA 116 Completion: Voluntary Penalty: Project will not be reviewed	LARA is an equal opportunity employer/program.
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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

<input type="checkbox"/> Construction Plans/ <input type="checkbox"/> Fire MI Lic. # _____ <input type="checkbox"/> Specs <input type="checkbox"/> Alarm <input type="checkbox"/> Modification Request <input type="checkbox"/> Sprinkler <input type="checkbox"/> Hood Suppression	<input type="checkbox"/> NOT related to a current project <input type="checkbox"/> Related to an existing child care project # _____
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Facility Type / Project To Be Reviewed (Select One Facility Type Below)

<input type="checkbox"/> Child Care Center Occupant Load: _____	<input type="checkbox"/> Child Caring Institution <input type="checkbox"/> Secure <input type="checkbox"/> Small Open (7-15) <input type="checkbox"/> Large Open (more than 15) <input type="checkbox"/> Residential Group Home (1-6 Occupants) <input type="checkbox"/> Juvenile Court Operated	<input type="checkbox"/> Children's Camp or Adult Foster Care Camp Occupant Load: _____ Sleeping: <input type="checkbox"/> No <input type="checkbox"/> Yes
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Building Data (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.)

Original Year Constructed: _____ Your AIA/PE Job #: _____ Number of Stories (including basement): _____ Sprinklers: <input type="checkbox"/> Completely <input type="checkbox"/> Partially Fire Alarm: <input type="checkbox"/>	This Submittal: <input type="checkbox"/> Addition <input type="checkbox"/> Conversion <input type="checkbox"/> New Building <input type="checkbox"/> Remodeling/Alteration	Square Footage – New Work: _____ Square Footage – Existing: _____ Type of Construction (per NFPA 220): <input type="checkbox"/> Type I – Fire Restrictive <input type="checkbox"/> Type IV – Heavy Timber <input type="checkbox"/> Type II – Noncombustible <input type="checkbox"/> Type V – Wood Frame <input type="checkbox"/> Type III - Ordinary
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Applicant

NAME			ADDRESS	
CITY	STATE	ZIP CODE	TELEPHONE NO.	E-Mail Address (REQUIRED)

Architect / Engineer

NAME			LICENSE NUMBER		ADDRESS	
CITY	STATE	ZIP CODE	TELEPHONE NO.	E-Mail Address (REQUIRED)		

Facility Contact Person

NAME			ADDRESS			
CITY	STATE	ZIP CODE	TELEPHONE NO.	E-Mail Address (REQUIRED)		

To Expedite Your Review

- All submittals must be accompanied by an Application for Child Care Plan Review (BCHS-FS-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 specifications 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.
 - Shop drawings are required for all fire alarms; hood suppression systems; sprinkler systems; and all structural, mechanical, plumbing, and electrical changes.
- All floor plans shall indicate dimensions, exit locations, identify all room uses, door schedule, sprinkler coverage and occupant load.
- 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, and remodeling, etc.
- Square footage of an existing building.
- Project Scope (description of project).

If you are sending plans and/or applications through first-class mail, please use this address:

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