

Application to Administer and Enforce
Michigan Department of Licensing and Regulatory Affairs
Bureau of Construction Codes / Office of Administrative Services
P.O. Box 30254, Lansing, MI 48909
517-335-2972
E-Mail: bccoas@michigan.gov
www.michigan.gov/bcc

Authority: 1972 PA 230 Penalty: Failure to provide the information may result in denial of your request.	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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NAME OF GOVERNMENTAL SUBDIVISION		CONTACT PERSON (Elected Official)	
ADDRESS (Street Number and Name)			
CITY	COUNTY	STATE MI	ZIP CODE
TELEPHONE NUMBER (Include Area Code)	FAX NUMBER (Include Area Code)	E-MAIL ADDRESS	

Code Adoption
<input type="checkbox"/> To assume responsibility for the administration and enforcement of the act and the state code in accordance with Section 8b(6) of 1972 PA 230. Attach a copy of the certified adopted ordinance assuming responsibility for administration and enforcement of the act and the code.
State Code(s) to be Enforced
<input type="checkbox"/> Building <input type="checkbox"/> Electrical <input type="checkbox"/> Mechanical <input type="checkbox"/> Plumbing

By checking the boxes below you are certifying the following: <ul style="list-style-type: none"> <input type="checkbox"/> The governmental subdivision and the enforcing agency are qualified by experience or training to administer and enforce this act and the code and all related acts and rules. <input type="checkbox"/> Agency personnel are provided as necessary. <input type="checkbox"/> Administrative services are provided. <input type="checkbox"/> Plan review services are provided. <input type="checkbox"/> Timely field inspection services will be provided. <input type="checkbox"/> A Board of Appeals is in place per MCL 125.1514. <input type="checkbox"/> Have immediate access to the codes & standards for which you have applied to administer & enforce.
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BUILDING OFFICIAL INFORMATION	Name: _____	Registration Number: _____
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Certification
I certify the information given in this application to administer and enforce is true and accurate to the best of my knowledge.
Name of Elected Official (Type or Print) _____ Title _____
Signature of Elected Official _____ Date _____

Copies of all ordinances submitted with this application must include clear and visible identification of the governmental subdivision's department of building safety.

The conduct of the administration and enforcement of the Michigan codes shall be performed in accordance with the approved Application to Administer and Enforce and ordinance. Any changes in the approved ordinance must be submitted to the Bureau of Construction Codes for review and final approval prior to implementation by local departments of building safety.