

**Request for Annual Delegation of School Plan Review and Inspection Authority to a Local Unit of Government Enforcing Agency**  
 Michigan Department of Licensing and Regulatory Affairs  
 Bureau of Construction Codes  
 P.O. Box 30254, Lansing, MI 48909  
 Phone: 517-241-9303 / E-Mail: lara-bcc-asd@michigan.gov  
 www.michigan.gov/bcc

|   |   |
|---|---|
| Authority: 2016 PA 407<br>Penalty: Failure to provide information may result in the denial of your request. | LARA is an equal opportunity employer/program. Auxillary aids, services and other reasonable accomodations are available upon request to individuals with disabilities. |
|---|---|

| SCHOOL DISTRICT         |                    |          |                                      |                                |
|-------------------------|--------------------|----------|--------------------------------------|--------------------------------|
| NAME OF SCHOOL DISTRICT |                    |          |                                      | COUNTY                         |
| ADDRESS                 |                    |          |                                      |                                |
| CITY                    | STATE<br><b>MI</b> | ZIP CODE | TELEPHONE NUMBER (Include Area Code) | FAX NUMBER (Include Area Code) |
| PRIMARY CONTACT PERSON  |                    | TITLE    | E-MAIL ADDRESS                       |                                |

Each local government enforcing agency in which facilities of the school district are located must complete this application attesting to the agreement with the information contained in this application. (Attach additional sheets if necessary)

| LOCAL UNIT OF GOVERNMENT / CODE ENFORCING AGENCY |                    |          |                                      |                                |
|--|--------------------|----------|--------------------------------------|--------------------------------|
| NAME OF LOCAL UNIT OF GOVERNMENT                 |                    |          |                                      | COUNTY                         |
| ADDRESS  |                    |          |                                      |                                |
| CITY   | STATE<br><b>MI</b> | ZIP CODE | TELEPHONE NUMBER (Include Area Code) | FAX NUMBER (Include Area Code) |
| PRIMARY CONTACT PERSON                           |                    | TITLE    | E-MAIL ADDRESS                       |                                |

By checking the boxes below you are certifying the following:

- 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
- Pursuant to MCL 338.851(b)(5) this form is to certify that full-time code officials, inspectors and plan reviewers registered under the skilled trades regulation act, 2016 PA 407, MCL339.5101 to 339.6133, will conduct plan reviews and inspections of school buildings.
- Agency personnel are provided as necessary
- Administrative services are provided
- Timely field inspection services will be provided
- Plan review services are provided

**Certification by School District and Local Government Enforcing Agency** - In the sections below, provide the signature of the school board and the local government authorized to enforce construction codes in which school facilities are located. **Note:** A local government not authorized to enforce the state construction codes does not qualify for delegation of school plan review and inspection authority.

| SIGNATURE AND CERTIFICATION OF SCHOOL BOARD PRESIDENT   |                               |
|---|-------------------------------|
| I hereby certify the information contained in this application is accurate and that I am duly authorized to sign on behalf of the parties listed in this application. I further certify adherence to all applicable laws and rules under the delegation of authority. |                               |
| NAME OF SCHOOL BOARD OFFICIAL (Please Print)  | NAME OF LOCAL SCHOOL DISTRICT |
| SIGNATURE OF SCHOOL BOARD OFFICIAL  | DATE                          |

| SIGNATURE AND CERTIFICATION OF LOCAL UNIT OF GOVERNMENT   |   |
|---|---|
| I hereby certify the information contained in this application is accurate and that I am duly authorized to sign on behalf of the parties listed in this application. I further certify adherence to all applicable laws and rules under the delegation of authority. |   |
| NAME AND TITLE OF LOCAL UNIT OF GOVERNMENT OFFICIAL (Please Print)  | NAME OF LOCAL UNIT OF GOVERNMENT (enforcing agency) |
| SIGNATURE OF LOCAL UNIT OF GOVERNMENT OFFICIAL  | DATE  |