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.
  - Select ONE plan review type PER application.
  - Provide all requested and required information.
  - An "n/a" designation is helpful for areas where information does not pertain to the project.
- Modification Requests are defined as a request to a modification of a rule or section of the code.
- Construction documents must be signed and sealed by an Architect or Professional Engineer licensed in the State of Michigan as required by 1980 PA 299.
- Fire suppression and fire 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 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.
- Health Care Project: When applicable, identify the area(s) occupied by ambulatory/non-ambulatory patients, outpatients, and location of all smoke barriers.
- All fees are due upon submittal

**Fees are applicable on construction documents, fire alarm, door locking, sprinkler, hood suppression, and clean agent suppression system shop drawings in colleges, dormitories, free-standing outpatient facilities/ambulatory surgical centers, hospitals, universities, schools, charter schools, hospice residences, and penal institutions (County Jails and County Lock-ups).

Fees are not assessed for any other type of facilities, including state owned penal institutions.

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.

Note: A hold will be placed on any project with fees owed. The project will not be sent to our field office and inspections will not take place until all fees have been paid.

**Fee Schedule

(Free-standing outpatient facilities and hospitals: collages, universities, dormitories, schools, charter schools, hospice residences, and penal institutions**)

Project Cost Range	Fee
$101,000.00 or less	Minimum fee of $155.00
$101,001.00 to 1,500,000.00	$1.60 per $1,000.00
$1,500,001.00 to 10,000,000.00	$1.30 per $1,000.00
$10,000,00.00 or more	$1.10 per $1,000 - Maximum fee $60,000.00

Estimated Project Cost (if original plans/specs): 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, electrical switch gear, 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 $155.00 for application with a one-hour review. All review time after first hour is to be billed at $50.00 per hour.
- Plan review consultation has a flat fee of $155.00.
- 12A documentation has a flat fee of $40.00.

*Miscellaneous Instructions

Phased Projects- A phased project is a project that requires areas to be occupied before the overall project is completed. Phased projects require a separate application and submittal for each phase. Costs & fees shall be applied per phase. We will treat each phase with a separate project number so the coordination with Act 144 Certified Firms will be the responsibility of the Architect.

- Submit a separate check or money order for **each project** payable to the State of Michigan.

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

Square footage of new building, addition, remodeling, etc.; Square footage of an existing building; 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. **Type of**

Construction (per NFPA 220): Below is a cross-reference chart of Building Construction Types

NFPA 2220	I(442)	I(332)	II(222)	II(111)	II(000)	III(211)	III(200)	IV(2HH)	V(111)	V(000)
MBC	-	IA	IB	IIA	IIB	IIIA	IIIB	IVHT	VA	VB

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