



ADDENDUM FOR COMMERCIAL APPLICATION FOR PLAN REVIEW **2021 MICHIGAN BUILDING CODE**

PROJECT NAME		DATE:	
PROJECT LOCATION:(Street No and Name)		CITY, STATE ANN ARBOR, MICHIGAN	ZIP CODE
PROPERTY OWNER'S NAME			
DETAILED PROJECT DESCRIPTION AND USE (WITH SQUARE FOOTAGE)			

This application is to be completed by the Design Professional in RESPONSIBLE charge (Architect or Engineer) who prepared the plans for the above mentioned project. Please complete this application as thoroughly as possible. This information requested is necessary for this department to properly perform a plan review.

1. CONSTRUCTION CODE THAT THE PROJECT IS DESIGNED FOR: (The same construction code(s) should also be listed on the Blue Prints).

Building		Energy	
Mechanical		Barrier Free	
Plumbing		Fire	
Electrical			

2. The Building Is Equipped Throughout With The Following Automatic Fire Suppression: (Check One)

- ☐ No Complete Suppression ☐ NFPA – 13 System (903.3.1.1) ☐ NFPA – 13R System (903.3.1.2)
- ☐ Other System: _____

3. The Use Group Classification(s) Of This Building Is: (Check More Than One If Applicable)

- | | | |
|---|---|---|
| <input type="checkbox"/> A-1: ASSEMBLY (303.1) | <input type="checkbox"/> H-1: HIGH HAZARD (307.3) | <input type="checkbox"/> M: MERCANTILE (309.1) |
| <input type="checkbox"/> A-2: ASSEMBLY (303.1) | <input type="checkbox"/> H-2: HIGH HAZARD (307.4) | <input type="checkbox"/> R-1: RESIDENTIAL 1 (310.1) |
| <input type="checkbox"/> A-3: ASSEMBLY (303.1) | <input type="checkbox"/> H-3: HIGH HAZARD (307.5) | <input type="checkbox"/> R-2: RESIDENTIAL 2 (310.1) |
| <input type="checkbox"/> A-4: ASSEMBLY ((303.1) | <input type="checkbox"/> H-4: HIGH HAZARD (307.6) | <input type="checkbox"/> R-3: RESIDENTIAL 3 (310.1) |
| <input type="checkbox"/> A-5: ASSEMBLY (303.1) | <input type="checkbox"/> H-5: HIGH HAZARD (307.7) | <input type="checkbox"/> R-4: RESIDENTIAL 4 (310.1) |
| <input type="checkbox"/> B: (304.0) | <input type="checkbox"/> I-1: INSTITUTIONAL 1 (308.3) | <input type="checkbox"/> S-1: STORAGE (311.2) |
| <input type="checkbox"/> E: (305.0) | <input type="checkbox"/> I-2: INSTITUTIONAL 2 (308.4) | <input type="checkbox"/> S-2: STORAGE (311.3) |
| <input type="checkbox"/> F-1: FACTORY (306.2) | <input type="checkbox"/> I-3: INSTITUTIONAL 3 (308.5) | <input type="checkbox"/> U: UTILITY (312.1) |
| <input type="checkbox"/> F-2: FACTORY (306.3) | <input type="checkbox"/> I-4: INSTITUTIONAL 4 (308.6) | <input type="checkbox"/> Other: _____ |

4. If The Building Is Occupied By Two (2) Or More Use Group Classifications, Which Option In Section 508 Has Been Utilized In The Design Of The Building? (Check One)

- ☐ Option 1: No Fire Separation of Uses Are accessory occupancies included? ☐ Yes ☐ No
- ☐ Option 2: Uses Separated with Fire Barrier Walls Are accessory occupancies included? ☐ Yes ☐ No

5. The Following Indicates The Occupant Load For Which The Exit(s) Has Been Designed: (Check More Than One If Applicable)

	<u>Room or Area</u>	<u>Number of Occupants</u>
<input type="checkbox"/> Table (1004.1.2)	_____	_____
<input type="checkbox"/> Actual Number (1004.1.1)	_____	_____
<input type="checkbox"/> No. by combination (1004.1.1)	_____	_____
<input type="checkbox"/> Increased number (1004.2)	_____	_____
<input type="checkbox"/> Fixed Seats (1004.4)	_____	_____

Total Occupant Load: _____

6. The Following Is The Type Of Construction Classification Proposed For The Building: (Check More Than One If Applicable) **Table 601**

- | | | | | |
|---------------------------------------|------------------------------------|-------------------------------------|----------------------------------|-----------------------------------|
| <input type="checkbox"/> TYPE I A | <input type="checkbox"/> TYPE II A | <input type="checkbox"/> TYPE III A | <input type="checkbox"/> TYPE IV | <input type="checkbox"/> TYPE V A |
| <input type="checkbox"/> TYPE I B | <input type="checkbox"/> TYPE II B | <input type="checkbox"/> TYPE III B | | <input type="checkbox"/> TYPE V B |
| <input type="checkbox"/> OTHER: _____ | | | | |



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7. a) The building framing system has been designed to withstand a minimum 20 lb ground snow load?

☐ Yes ☐ No ☐ Other: _____

b) The building has been designed to withstand a minimum Of 115 mph Wind Load (3 second gust wind speed)?

☐ Yes ☐ No ☐ Other: _____

8. The following indicates the live floor load (s), (Table 1607.1) for which the floor system has been designated:

- ☐ _____ psf, area: _____
- ☐ _____ psf, area: _____
- ☐ _____ psf, area: _____

9. a) The soil bearing capacity required for this design is _____ per square foot

b) A soils investigation report has been prepared and attached?

☐ Yes ☐ No ☐ Other: _____

10. The plans submitted do not show compliance with the following Michigan Barrier Free Design rules: (attach application for exception request)

☐ _____ ☐ Building is in compliance with Michigan Barrier Free Design

11. The following sealed plans have been submitted, or will be submitted prior to issuance of the applicable permit: (check more than one if applicable)

- ☐ Architectural ☐ Electrical ☐ Plumbing
- ☐ Mechanical ☐ Fire Suppression ☐ Other _____
- ☐ Special Inspections will be performed (Section 1704)
- ☐ The special inspections statement handout (Section 1704.1.1) is attached

12. a) Required Heating demand _____ BTU's, Cooling demand _____ tons of cooling.

b) Input rating of Heating equipment _____ BTU's, Cooling equipment _____ tons of cooling.

13. Provide electrical service voltage _____ amperage _____.

14. Number of plumbing fixtures _____.

15. The building area is _____ square feet.

16. The building height above grade is _____ feet and _____ stories.

17. Fire areas and square footage

_____	_____
_____	_____

18. I have attached documentation for the Energy Code Requirements?

☐ Building Envelope ☐ Heating and Cooling Systems ☐ Electrical Systems

ARCHITECT'S OR ENGINEER'S CONTACT INFORMATION:

NAME: _____	SIGNATURE WITH SEAL
ADDRESS: _____	

OFFICE PHONE: _____ CELL PHONE: _____	
EMAIL ADDRESS: _____	

WHEN SUBMITTING, PLEASE PUT THE ADDRESS IN THE SUBJECT LINE