

Plan Review Submittal Form

Professional Code Inspections of Michigan
 1575 142nd St.
 Dorr, MI 49323
 Phone 616-877-2000 Fax 616-877-4455
www.pcimi.com

Applicant must complete all items in each section.

Project Information			
Address		Parcel Number	
Name Municipality in which job is located <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Township of:		County	Zip Code
Between		and	

Contact Information			
Applicant			
Name		Address	
City	State	Zip Code	Telephone Number (include area code)
Email Address			

Owner			
Name		Address	
City	State	Zip Code	Telephone Number (include area code)
Email Address			

Design Professional			
Name		Address	
City	State	Zip Code	Telephone Number (include area code)
Email Address			
License Number			Expiration Date

Type of Review							
Preliminary Review	<input type="checkbox"/>	Accessibility Review	<input type="checkbox"/>	Electrical	<input type="checkbox"/>	Mechanical	<input type="checkbox"/>
Building Plan Review	<input type="checkbox"/>	Energy Code	<input type="checkbox"/>	Plumbing	<input type="checkbox"/>	Other	<input type="checkbox"/>
Fire Alarm	<input type="checkbox"/>	Fire Suppression	<input type="checkbox"/>	Hood System	<input type="checkbox"/>		

Type of Job

Type of Improvement

<input type="checkbox"/> New Building	<input type="checkbox"/> Addition	<input type="checkbox"/> Alteration	<input type="checkbox"/> Relocation
<input type="checkbox"/> Sign	<input type="checkbox"/> Remodel	<input type="checkbox"/> Misc	<input type="checkbox"/> Repair

Plan Review Required

Construction documents must be sealed and signed by an architect or professional engineer in accordance with 1980, PA 299 as amended. The seal and signature is not required for public works less than \$15,000.00 in total construction cost.

Other - Buildings Regulated by the Michigan Building Code

<input type="checkbox"/> (A-1) Assembly (Theaters, etc)	<input type="checkbox"/> (H-1) High Hazard (Detonation)	<input type="checkbox"/> (M) Mercantile
<input type="checkbox"/> (A-2) Assembly (Restaurants, bars, etc)	<input type="checkbox"/> (H-2) High Hazard (Deflagration)	<input type="checkbox"/> (R-1) Residential 1 (Hotels, Motels)
<input type="checkbox"/> (A-3) Assembly (Churches, libraries, etc)	<input type="checkbox"/> (H-3) High Hazard (Combustion)	<input type="checkbox"/> (R-2) Residential 2 (Multiple Family)
<input type="checkbox"/> (A-4) Assembly (Indoor sports, etc)	<input type="checkbox"/> (H-4) High Hazard (Health Hazard)	<input type="checkbox"/> (R-3) Residential 3 (Child & Adult Care)
<input type="checkbox"/> (A-5) Assembly (Outdoor sports, etc)	<input type="checkbox"/> (H-5) High Hazard (HPM)	<input type="checkbox"/> (R-4) Residential 4 (Assisted Living)
<input type="checkbox"/> (B) Business	<input type="checkbox"/> (I-1) Institutional 1 (Supervised)	<input type="checkbox"/> (S-1) Storage 1 (Moderate Hazard)
<input type="checkbox"/> (E) Education	<input type="checkbox"/> (I-2) Institutional 2 (Hospitals Etc)	<input type="checkbox"/> (S-2) Storage 2 (Low Hazard)
<input type="checkbox"/> (F-1) Factory (Moderate Hazard)	<input type="checkbox"/> (I-3) Institutional 3 (Prisons Etc)	<input type="checkbox"/> (U) Utility (Miscellaneous)
<input type="checkbox"/> (F-2) Factory (Low Hazard)	<input type="checkbox"/> (I-4) Institutional 4 (Day Care Etc)	

Project Description

Provide a detailed description of the work to be completed.

Project Valuation

Provide the total construction cost of the project, must include labor and materials (exclude land value). \$ _____

Building Data

Type of Mechanical

Will there be fire suppression? Yes No

Type of Construction

<input type="checkbox"/> 1A – Non Combustible (Protected Structural Elements) 3Hr	<input type="checkbox"/> 1B – Non Combustible (Rated Structural Elements) 2Hr
<input type="checkbox"/> 2A – Non Combustible (Rated Structural Elements) 1Hr	<input type="checkbox"/> 2B – Non Combustible (Non Rated Structural Elements)
<input type="checkbox"/> 3A – Non Combustible (Exterior Wall Only)	<input type="checkbox"/> 3B – Non Combustible (Bearing Walls Rated)
<input type="checkbox"/> 4 – Heavy Timber	<input type="checkbox"/> 5A – Combustible (Structural Elements Rated) 1Hr
<input type="checkbox"/> 5B – Combustible (All Elements Not Rated)	

Dimensions / Data

Floor Area:	Existing	Alterations	New
Basement	_____	_____	_____
1 st Floor	_____	_____	_____
2 nd Floor	_____	_____	_____
3 rd – Above	_____	_____	_____
Accessory Building	_____	_____	_____
Total Area	_____	_____	_____

Occupancy Load

Number of Occupants _____

Plan Review Submittal Checklist	
Check all below	
<input type="checkbox"/>	Three (3) copies of drawings signed and sealed by a registered design professional
<input type="checkbox"/>	Three (3) copies of all engineering calculations, soil reports, project manuals.
<input type="checkbox"/>	Construction documents shall contain a site plan that is drawn to scale. It shall indicate the location of the building on the site, setbacks from property lines, accessible routes, slopes and grades, accessible parking if provided, easements and utilities.
<input type="checkbox"/>	Construction documents shall detail the location, construction, size and character of all means of egress.
<input type="checkbox"/>	Construction documents shall indicate Construction Type, Occupancy Classification and compliance with height and area requirements.
<input type="checkbox"/>	Construction document shall indicate occupant loads for every floor and in all rooms and spaces.
<input type="checkbox"/>	Indicate all rated walls and assemblies as well as UL design information.
<input type="checkbox"/>	Provide detail for finished interior in accordance with MBC 2012.
<input type="checkbox"/>	Provide door, hardware and window schedules.
<input type="checkbox"/>	Construction documents shall contain the following information related to the exterior wall envelope: Flashing details, intersections with dissimilar materials, corners, end rails, control joints, intersections at roof, eaves or parapets, means of drainage, water resistive membrane and details around openings.
<input type="checkbox"/>	Compliance with the energy conservation requirements set forth in the Michigan Uniform Energy Code 2009 with amendments.
<input type="checkbox"/>	Indicate the Plumbing Fixture count for Water Closets, Lavatories, Drinking Fountains and Service Sink.

Signatures	
Applicant	
I hereby certify that all information contained on this Plan Review Submittal form is accurate and true to the best of my knowledge, and I acknowledge that missing or incomplete information may delay the plan review process until such time that information has been received.	
Name of Applicant _____	
Signature of Applicant _____	Date _____