

Application for Fire Safety Plan Examination
Michigan Department of Licensing and Regulatory Affairs
Bureau of Fire Services
Plan Review Division
P.O. Box 30700
Lansing, MI 48909
(517) 241-8847

253/257

Agency Use Only

PROJECT #

Authority: 1941 PA 207 Completion: Voluntary Penalty: Project will not be reviewed	The Department of Licensing and Regulatory Affairs will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.
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Note: The architect / engineer / certified firm is responsible for all fees applicable to this application.

Project Description

Facility Name	Street/Site Address	Fire Department (REQUIRED)
<input type="text"/>	<input type="text"/>	<input type="text"/>
City or village in which facility is located		
<input type="checkbox"/> City <input type="checkbox"/> Village	Of: <input type="text"/>	County <input type="text"/> Zip Code <input type="text"/>

Estimated Project Cost (REQUIRED): _____ **Fee Submitted:** _____
(All Facilities - See Back)

Project Description (Type of work; Addition, Renovation, HVAC, etc. Location of Work; Floor, Wing, etc. BE SPECIFIC)

Review Requested	Facility / Project to be Reviewed	Building Data
<input type="checkbox"/> Construction Plans / Specs <input type="checkbox"/> Consultation <input type="checkbox"/> *Addendum / Bulletin # _____ <input type="checkbox"/> *Modification Request <input type="checkbox"/> Fire Alarm (specify below) <input type="checkbox"/> Door Locking <input type="checkbox"/> *Hood Suppression (specify below) <input type="checkbox"/> Sprinkler (specify below) <input type="checkbox"/> Clean Agent (specify below)	Review/Inspection Fee REQUIRED ** <input type="checkbox"/> College / University (253) <input type="checkbox"/> Dormitory (253) <input type="checkbox"/> FSOF (257) <input type="checkbox"/> Hospital (257) <input type="checkbox"/> Mobile Healthcare Unit Serial # _____ <input type="checkbox"/> Phased <input type="checkbox"/> Hospital within a Hospital (257) <input type="checkbox"/> Hospice Residence (257) <input type="checkbox"/> Schools/Charter (253) <input type="checkbox"/> Penal Institutions **	Review/Inspection Fee NOT Required <input type="checkbox"/> Adult Foster Care <input type="checkbox"/> 7-12 <input type="checkbox"/> 13-20 <input type="checkbox"/> Change of Licensee <input type="checkbox"/> Home for the Aged <input type="checkbox"/> Nursing Home <input type="checkbox"/> Phased
<input type="checkbox"/> NOT related to a current FS project <input type="checkbox"/> Related to existing FS project # _____	** See back - Fee Schedule & Phasing Project	Original Year Constructed: _____ Your AIA/PE Job #: _____ No. of Stories (Including basement) _____ Sprinklers: <input type="checkbox"/> Completely <input type="checkbox"/> Partially <input type="checkbox"/> None This Submittal: <input type="checkbox"/> Addition <input type="checkbox"/> New Building <input type="checkbox"/> Conversion <input type="checkbox"/> Remodeling/Alteration Square Footage -New Work _____ Square Footage -Existing _____ *Type of Construction (per NFPA 220): _____

Facility Contact Person

Name Telephone (Including Area Code)

Architect / Engineer / Certified Firm

Name (Licensed Individual)	License No. / Act 144 Cert. No.	E-Mail Address (REQUIRED)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of Company	Address	
<input type="text"/>	<input type="text"/>	
City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone (Including Area Code)		Fax (Including Area Code)
<input type="text"/>		<input type="text"/>

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 completely filled out.
 - Provide all requested information.
 - An "n/a" designation is helpful for areas where information does not pertain to the project.
- Only **ONE** set of construction documents or related specification drawings is required.
- 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 fees are due upon submittal (colleges, hospitals, universities, dormitories, schools, charter, schools, hospice residences, FSOF, and penal institutions submitted by a non-state agency).

****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 (submitted by a non-state agency).

Fees are not assessed for any other type of facilities, including penal institutions when submitted by a state agency.

- 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.
- Submit a separate check or money order for **each project** payable to the **State of Michigan**.
- **Health Care Project:** When applicable, identify the area(s) occupied by ambulatory/non-ambulatory patients, outpatients, and location of all smoke barriers.
- **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; colleges, 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
\$10,000,001.00 or more	\$1.10 per \$1,000.00 - Maximum fee \$60,000

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 switchgear, elevators, generators, modular casework, etc. If labor is being provided for the project, the cost of the labor shall be included.

***Miscellaneous Instructions**

Phased Projects- A phased project is a project that requires areas to be occupied before the over all 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 # so the coordination with Act 144 Certified Firms will be the responsibility of the Architect.

- **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.
- Modification Requests are defined as a request to a modification of a rule or section of the code.

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

NEPA 220	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

U.S. Postal Service

Michigan Dept. of Licensing and Regulatory Affairs
 Bureau of Fire Services
 Fire Safety Plan Review Division
 P.O. Box 30700
 Lansing, MI 48909

Courier Other Than U.S. Postal Service

Michigan Dept. of Licensing and Regulatory Affairs
 Bureau of Fire Services
 Fire Safety Plan Review Division
 525 W. Allegan, 4th Floor
 Lansing, MI 48913-0001

VALIDATION AREA - DO NOT WRITE