

**CRAWFORD COUNTY DEPARTMENT OF BUILDING SAFETY**  
**200 West Michigan Avenue - Annex Building**  
**Grayling, MI 49738**

**PH: 989-344-3233**

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**MICHIGAN BUILDING CODE 2003- INCORPORATING THE 2003 INTERNATIONAL BUILDING CODE**

**APPLICATION FOR PLAN REVIEW**

Location/Address of Building: \_\_\_\_\_

Owners Name: \_\_\_\_\_

Address: \_\_\_\_\_

This application is to be completed by the Architect or Engineer who prepared the plans for the above-mentioned project. Please complete this application as thoroughly as possible. The information requested is necessary for this department to properly perform our plan review.

1. The building is equipped throughout with the following automatic fire suppression system: (check one)
  - no complete suppression
  - water sprinkler system (903)
  - water alternate automatic fire-extinguishing systems (904)
  
2. What do you consider to be the use group classification (s) of this building? (More than one if applicable), Section (302)

<input type="checkbox"/> A-1 (303)	<input type="checkbox"/> F-1 (306)	<input type="checkbox"/> I-1 (308)	<input type="checkbox"/> R-3 (310)
<input type="checkbox"/> A-2 (303)	<input type="checkbox"/> F-2 (306)	<input type="checkbox"/> I-2 (308)	<input type="checkbox"/> R-4 (310.2)
<input type="checkbox"/> A-3 (303)	<input type="checkbox"/> H-1 (307)	<input type="checkbox"/> I-3 (308)	<input type="checkbox"/> S-1 (311)
<input type="checkbox"/> A-4 (303)	<input type="checkbox"/> H-2 (307)	<input type="checkbox"/> I-4 (308)	<input type="checkbox"/> S-2 (311)
<input type="checkbox"/> A-5 (303)	<input type="checkbox"/> H-3 (307)	<input type="checkbox"/> M (309)	<input type="checkbox"/> U (312)
<input type="checkbox"/> B (304)	<input type="checkbox"/> H-4 (307)	<input type="checkbox"/> R-1 (310)	
<input type="checkbox"/> E (305)	<input type="checkbox"/> H-5 (307)	<input type="checkbox"/> R-2 (310)	

Other (specify) \_\_\_\_\_
  
3. If the building is occupied by two or more use group classifications, which option in Section 313.1 has been utilized in the design of the building? (Check one)
  - Option #1 - no fire separation of uses.
  - Option #2 - uses separated with fire separation assemblies.
  - Option #3 - uses separated with fire walls.
  
4. The following is the type of construction classification proposed for the building: (more than one if applicable), Section (602)

<input type="checkbox"/> 1-A (602)	<input type="checkbox"/> 4-HT (602)	<input type="checkbox"/> 3-B (602)
<input type="checkbox"/> 2-A (602)	<input type="checkbox"/> 1-B (602)	<input type="checkbox"/> 4-B (602)
<input type="checkbox"/> 3-A (602)	<input type="checkbox"/> 2-B (602)	<input type="checkbox"/> 5-B (602)
<input type="checkbox"/> 5-A (602)	<input type="checkbox"/> Other (specify) _____	
  
5. The following indicates the occupant load for which the exit (s) have been designed: (more than one if applicable)
  - Table 1004.1.2
  - Actual Number ( ) \_\_\_\_\_, room or area \_\_\_\_\_
  - Increased NO. ( ) \_\_\_\_\_, room or area \_\_\_\_\_
  - Fixed seats ( ) \_\_\_\_\_, room or area \_\_\_\_\_
  - Other (Specify) \_\_\_\_\_
  
6. The following indicates the live load or which the framing system has been designed: (more than one if applicable)
  - \_\_\_\_\_ psf uniformly distributed load, area \_\_\_\_\_
  - Drifted snow load, area \_\_\_\_\_. (Attach loading diagram)

7. The following indicates the live floor load (s) for which the framing system has been designed: (more than one if applicable)
- |  |  |
|--|--|
| <input type="checkbox"/> 20 psf, area _____  | <input type="checkbox"/> 30 psf, area _____    |
| <input type="checkbox"/> 40 psf, area _____  | <input type="checkbox"/> 50 psf, area _____    |
| <input type="checkbox"/> 60 psf, area _____  | <input type="checkbox"/> 75 psf, area _____    |
| <input type="checkbox"/> 80 psf, area _____  | <input type="checkbox"/> 100 psf, area _____   |
| <input type="checkbox"/> 125 psf, area _____ | <input type="checkbox"/> 150 psf, area _____   |
| <input type="checkbox"/> 250 psf, area _____ | <input type="checkbox"/> _____ psf, area _____ |
8. The plans submitted do not show compliance with the following Michigan Barrier Free Design Rules (application for exception request is attached): Michigan Building Code 2003, Section 110 5 & as Referenced.
- |  |  |
|--|--|
| <input type="checkbox"/> R-1                 | <input type="checkbox"/> R-2                   |
| <input type="checkbox"/> Building approaches | <input type="checkbox"/> Parking               |
| <input type="checkbox"/> Interior access     | <input type="checkbox"/> Electrical            |
| <input type="checkbox"/> Phones              | <input type="checkbox"/> Elevators             |
| <input type="checkbox"/> Toilet rooms        | <input type="checkbox"/> W.C Stalls            |
| <input type="checkbox"/> Water Closets       | <input type="checkbox"/> Urinals               |
| <input type="checkbox"/> Lavatories          | <input type="checkbox"/> Accessories           |
| <input type="checkbox"/> Drinking Fountains  | <input type="checkbox"/> R-1, R-2, Baths       |
| <input type="checkbox"/> R-1, R-2, Kitchens  | <input type="checkbox"/> Seating               |
| <input type="checkbox"/> Check out Lanes     | <input type="checkbox"/> Historic Buildings    |
| <input type="checkbox"/> Size of Doors       | <input type="checkbox"/> ( ) Doors in Series   |
| <input type="checkbox"/> Entrance Grading    | <input type="checkbox"/> Ramp width            |
| <input type="checkbox"/> Ramp landings       | <input type="checkbox"/> Ramp slopes           |
| <input type="checkbox"/> Floor coverings     | <input type="checkbox"/> Fire alarms           |
| <input type="checkbox"/> Manual fire alarm   | <input type="checkbox"/> Other (Specify) _____ |
| <input type="checkbox"/> Signage (1110)      | _____  |
- Building is in compliance with Michigan Barrier Free Design.
9. The following sealed plans have been submitted, or will be submitted prior to the issuance of the applicable permit: (more than one if applicable)
- |  |   |                                      |
|--|---|--------------------------------------|
| <input type="checkbox"/> Architectural | <input type="checkbox"/> Electrical       | <input type="checkbox"/> Plumbing    |
| <input type="checkbox"/> Mechanical    | <input type="checkbox"/> Fire Suppression | <input type="checkbox"/> Other _____ |
10. The building area per floor is: \_\_\_\_\_ sq ft, basement: \_\_\_\_\_ sq ft, garage: \_\_\_\_\_ sq ft.
11. The building height above grade, (501.3), is \_\_\_\_\_ feet and \_\_\_\_\_ stories.
- Architect's or Engineer's Signature and Seal on both pages: \_\_\_\_\_