

**Building Permit Application**  
 Michigan Department of Licensing and Regulatory Affairs  
 Bureau of Construction Codes  
 P.O. Box 30255, Lansing, MI 48909  
 Phone: 517-241-9313  
[bccpermits@michigan.gov](mailto:bccpermits@michigan.gov)  
[www.michigan.gov/bcc](http://www.michigan.gov/bcc)

(Continue to remaining pages and complete before printing this document)

**120**  
**B 2024 B**

This form can be completed by tabbing to each field and typing in the required information.

Authority: 1972 PA 230 Penalty: Failure to provide the information may result in denial of your request.	LARA is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.
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Project or Facility Information			
PROJECT NAME		ADDRESS	
NAME OF CITY, VILLAGE OR TOWNSHIP IN WHICH JOB IS LOCATED			ZIP CODE
<input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Township   OF:			CITY
COUNTY	BETWEEN	AND	

Applicant				
NAME			E-MAIL	
ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NUMBER (Include Area Code)

Owner of the land in fee on which the building or structure will be constructed				
NAME			ADDRESS	
CITY	STATE	ZIP CODE	TELEPHONE NUMBER (Include Area Code)	

Cost and Fees				
ESTIMATED PROJECT COST				
\$ _____				
Re-Open Expired Permit	\$75.00			
Island Inspection Fee (Where ferries, boats or planes are involved.)	\$50.00			
CERTIFICATE OF OCCUPANCY (\$50.00 FEE)	BUILDING PERMIT FEE ENCLOSED (The first \$100.00 of an application is non-refundable)		OR STATE ACCOUNT NUMBER _____	
<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____			

Validation – For Department Use Only	Validation Area
USE GROUP _____ TYPE OF CONSTRUCTION _____ SQUARE FEET _____ APPLICATION FEE (non-refundable) \$ _____ CERTIFICATE OF OCCUPANCY <input type="checkbox"/> YES <input type="checkbox"/> NO \$ _____ NUMBER OF INSPECTIONS _____ \$ _____ TOTAL PERMIT FEE \$ _____ APPROVAL SIGNATURE _____	

Residential builder or Residential maintenance and alteration contractor			
NAME	COMPANY NAME	ADDRESS	
CITY	STATE	ZIP CODE	TELEPHONE NUMBER (Include Area Code)
STATE OF MICHIGAN LICENSE NUMBER			EXPIRATION DATE
FEDERAL EMPLOYER ID NUMBER (or reason for exemption)		WORKERS COMP INSURANCE CARRIER (or reason for exemption)	
UNEMPLOYMENT INSURANCE AGENCY EMPLOYER ACCOUNT NUMBER (or reason for exemption)			

Purpose of Project				
<input type="checkbox"/> NEW BUILDING	<input type="checkbox"/> ALTERATION	<input type="checkbox"/> DEMOLITION	<input type="checkbox"/> FOUNDATION ONLY	<input checked="" type="checkbox"/> RELOCATION
<input type="checkbox"/> ADDITION	<input type="checkbox"/> REPAIR	<input type="checkbox"/> MOBILE HOME SET-UP	<input type="checkbox"/> PREMANUFACTURE	<input type="checkbox"/> OTHER _____

Plan Review Required
<p>2 sets of construction documents are required with each application for a permit. 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 one- and two-family dwellings less than 3,500 square feet of calculated floor area and public works less than \$15,000 in total construction cost. Applicant must submit a detailed statement in writing, verified by affidavit of the individual making it, of the specifications for the building or structure, and full and complete copies of the plans drawn to scale of the proposed work. Applicant must also submit a site plan showing the dimensions, and the location of the proposed building or structure and the other buildings or structures on the same premises.</p> <p><b>For buildings regulated by the Michigan Building Code, 2 sets of construction documents must be submitted with a separate Application for Plan Examination, the appropriate fee, and approved before a building permit can be issued.</b></p> <p>BCC Plan Review Number _____ School Site Plan Review Number (if different) _____</p> <p>If project is exempt from Plan Review, identify basis for exemption: _____</p>

Residential - Buildings Regulated by the Michigan Residential Code		
<input type="checkbox"/> ONE FAMILY <input type="checkbox"/> TWO OR MORE FAMILY NO. OF UNITS _____	<input type="checkbox"/> TOWNHOUSE NO. OF UNITS _____ <input type="checkbox"/> ATTACHED GARAGE	<input type="checkbox"/> DETACHED GARAGE <input type="checkbox"/> OTHER _____

Buildings Regulated by the Michigan Building Code		
<input type="checkbox"/> (A-1) ASSEMBLY (THEATRES, ETC.) <input type="checkbox"/> (A-2) ASSEMBLY (RESTAURANTS, BARS, ETC.) <input type="checkbox"/> (A-3) ASSEMBLY (CHURCHES, LIBRARIES, ETC.) <input type="checkbox"/> (A-4) ASSEMBLY (INDOOR SPORTS, ETC.) <input type="checkbox"/> (A-5) ASSEMBLY (OUTDOOR SPORTS, ETC.) <input type="checkbox"/> (B) BUSINESS <input type="checkbox"/> (E) EDUCATION <input type="checkbox"/> (F-1) FACTORY (MODERATE HAZARD) <input type="checkbox"/> (F-2) FACTORY (LOW HAZARD)	<input type="checkbox"/> (H-1) HIGH HAZARD (DETONATION) <input type="checkbox"/> (H-2) HIGH HAZARD (DEFLAGRATION) <input type="checkbox"/> (H-3) HIGH HAZARD (COMBUSTION) <input type="checkbox"/> (H-4) HIGH HAZARD (HEALTH HAZARD) <input type="checkbox"/> (H-5) HIGH HAZARD (HPM) <input type="checkbox"/> (I-1) INSTITUTIONAL 1 (SUPERVISED) <input type="checkbox"/> (I-2) INSTITUTIONAL 2 (HOSPITALS ETC.) <input type="checkbox"/> (I-3) INSTITUTIONAL 3 (PRISONS ETC.) <input type="checkbox"/> (I-4) INSTITUTIONAL 4 (DAY CARE ETC.)	<input type="checkbox"/> (M) MERCANTILE <input type="checkbox"/> (R-1) RESIDENTIAL 1 (HOTELS, MOTELS) <input type="checkbox"/> (R-2) RESIDENTIAL 2 (MULTIPLE FAMILY) <input type="checkbox"/> (R-3) RESIDENTIAL 3 (1 & 2 FAMILY) <input type="checkbox"/> (R-4) RESIDENTIAL 4 (ASSISTED LIVING) <input type="checkbox"/> (S-1) STORAGE 1 (MODERATE HAZARD) <input type="checkbox"/> (S-2) STORAGE 2 (LOW HAZARD) <input type="checkbox"/> (U) UTILITY (MISCELLANEOUS)

WILL THERE BE FIRE SUPPRESSION?  YES  NO      SCOPE OF WORK? \_\_\_\_\_

Type of Construction		
<input type="checkbox"/> 1A - Non-Combustible (Protected Structural Elements) 3HR <input type="checkbox"/> 2B - Non-Combustible (Non-Rated Structural Elements) <input type="checkbox"/> 4 - Heavy Timber	<input type="checkbox"/> 1B - Non-Combustible (Rated Structural Elements) 2HR <input type="checkbox"/> 3A - Non-Combustibles (Exterior Walls Only) <input type="checkbox"/> 5A - Combustible (Structural Elements Rated) 1HR	<input type="checkbox"/> 2A - Non-Combustible (Rated Structural Elements) 1HR <input type="checkbox"/> 3B - Non-Combustible (Bearing Walls Rated) <input type="checkbox"/> 5B - Combustible (All Elements Not Rated)

C. Dimensions / Data			
FLOOR AREA:	EXISTING	ALTERATIONS	NEW
BASEMENT	_____	_____	_____
1ST & 2ND FLOOR	_____	_____	_____
3RD FLOOR & ABOVE	_____	_____	_____
TOTAL AREA	_____	_____	_____



Section 23a of the state construction code act of 1972, 1972 PA 230, MCL 125.1523a, prohibits a person from conspiring to circumvent the licensing requirements of this state relating to persons who are to perform work on a residential building or a residential structure. Violators of section 23a are subjected to civil fines.

I, \_\_\_\_\_ (name), \_\_\_\_\_ (title), attest that the statements, specifications, and plans submitted with this application are true and complete and contain a correct description of the building or structure, lot or parcel, and proposed work. I further attest that this application complies with the requirements of MCL 125.1510 and that I am a person authorized under MCL 125.1510(2) to make the statements and attestations contained in this application under MCL 125.1510(2).

SIGNATURE

DATE

**Electrical Permit Application**  
 Michigan Department of Licensing and Regulatory Affairs  
 Bureau of Construction Codes  
 P.O. Box 30255, Lansing, MI 48909  
 517-241-9313  
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**I. Project or Facility Information**

NAME OF OWNER/AGENT/SCHOOL/STATE DEPT.		HAS A BUILDING PERMIT BEEN OBTAINED FOR THIS PROJECT?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not required	
STREET ADDRESS AND JOB LOCATION (Street Number and Name)	CITY	ZIP CODE	COUNTY
NAME OF CITY, VILLAGE OR TOWNSHIP IN WHICH JOB IS LOCATED			
<input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Township OF:			

**II. Applicant**

NAME		E-MAIL		
ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NUMBER (Include Area Code)

**III. Owner of the land in fee of project location**

NAME		E-MAIL		
ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NUMBER (Include Area Code)

**IV. Electrical contractor**

NAME	COMPANY NAME	STATE OF MICHIGAN LICENSE NUMBER	EXPIRATION DATE
ADDRESS (Street Number and Name)		STATE REGISTRATION NUMBER	EXPIRATION DATE
CITY	STATE	ZIP CODE	
TELEPHONE NUMBER (Include Area Code)		E-MAIL ADDRESS	
FEDERAL EMPLOYER ID NUMBER (or reason for exemption)			
WORKERS COMPENSATION INSURANCE CARRIER (or reason for exemption)		UNEMPLOYMENT INSURANCE AGENCY EMPLOYER ACCOUNT NUMBER (or reason for exemption)	

**V. Purpose of Project**

- |  |                                     |   |  |                                      |
|--|-------------------------------------|---|--|--------------------------------------|
| <input type="checkbox"/> Single Family | <input type="checkbox"/> New        | <input type="checkbox"/> Service Only       | <input type="checkbox"/> Premanufactured Home Setup (State Approved) | <input type="checkbox"/> State-owned |
| <input type="checkbox"/> Other _____   | <input type="checkbox"/> Alteration | <input type="checkbox"/> Special Inspection | <input type="checkbox"/> Manufactured Home Setup (HUD Mobile Home)   | <input type="checkbox"/> School      |

**VI. Plan Review Information**

**Plans must be submitted with an Application for Plan Examination and the appropriate deposit before a permit can be issued, except as listed below.**

**Plans are not required for the following:**

- When the electrical system rating does not exceed 400 amps and the building is not over 3,500 square feet in area.
- Work completed by a governmental subdivision or state agency costing less than \$15,000.00.
- If work being performed is described above, check box below **"Plans Not Required."**

What is the rating of the service or feeder in ampere? \_\_\_\_\_  
 What is the building size in square footage? \_\_\_\_\_

**Plans are required** for all other building types and shall be prepared by or under the direct supervision of an architect or engineer licensed pursuant to 1980 PA 299 and shall bear that architect's or engineer's seal and signature.

**BCC Plan Review Project No.** \_\_\_\_\_  **Plans Not Required**

**VII. Fee Schedule** - enter the number of items being installed, multiply by the unit price for total fee.

**Item #18, Mobile Home Unit Site:**

When installing a site service in a park, the permit application must include the application fee, service, the number of park sites and a final inspection. When setting a HUD mobile home in a park, a permit must include the application fee, service, feeder, and a final inspection. These shall be done by a licensed electrical contractor. When setting a HUD mobile home or a premanufactured home on private property, a permit must include the application fee, service, feeder, and a final inspection.

	Fee	# Items	Total		Fee	# Items	Total
1. Application Fee ( <b>non-refundable</b> )	\$75.00	<b>1</b>	<b>\$75.00</b>	22. Units > 50 K.V.A. or H.P.	\$12.00		0.00
Service	\$10.00		0.00	23. Solar Photovoltaic System where the total inverter generating capacity is less than 5,000KW (each panel)	\$2.00		0.00
2. Through 200 Amp.				24. Solar Photovoltaic System where the total inverter generating capacity is no less than 5,000KW (each panel)	\$1.00		0.00
3. Over 200 Amp. thru 600 Amp.	\$15.00		0.00	25. Electric Vehicle Charging Station (each station)	\$5.00		0.00
4. Over 600 Amp. thru 800 Amp.	\$20.00		0.00	Fire Alarm Systems (not smoke detectors)	\$50.00		0.00
5. Over 800 Amp. thru 1200 Amp.	\$25.00		0.00	26. Up to 10 devices			
6. Over 1200 Amp. (GFI only) thru 1600 Amp	\$50.00		0.00	27. 11 to 20 devices	\$100.00		0.00
7. Over 1600 Amp.	\$120.00		0.00	28. Over 20 devices (each)	\$5.00		0.00
8. Circuits	\$5.00		0.00	Data / Telecommunication Outlets	\$5.00		0.00
9. Lighting Fixtures/Outlets including Receptacles and Wired Smoke Detectors per 25	\$6.00		0.00	29. 1 - 19 devices (each)			
10. Dishwasher, Microwave or Garbage Disposal	\$5.00		0.00	30. Outlets 20 to 300 devices	\$100.00		0.00
11. Furnace - Unit Heater	\$5.00		0.00	31. Outlets Over 300 devices	\$300.00		0.00
12. Electrical - Heating Units (baseboard)	\$4.00		0.00	Energy Management Temp. Control	\$45.00		0.00
13. Power Outlets (ranges, dryers, etc.)	\$7.00		0.00	32. Energy Retrofit - Temp. Control			
Signs			0.00	Energy Management Temp. Control			0.00
14. Unit	\$10.00			33. Energy Devices – Energy Management	\$5.00 ea.		
15. Letter (each)	\$15.00		0.00	34. Conduit only or grounding only	\$45.00		0.00
16. Neon - each 25 feet	\$20.00		0.00	35. Rough/Additional Inspection	\$75.00		0.00
17. Feeders-Bus Ducts, etc. - per 50'	\$6.00		0.00	36. Final Inspection	\$75.00	<b>1</b>	<b>\$75.00</b>
18. Mobile Home Park Site *	\$6.00		0.00	37. Certification Fee**	\$30.00		0.00
19. Recreational Vehicle Park Site	\$4.00		0.00	38. Re-Open Expired Permit	\$75.00		0.00
K.V.A., H. P., Wind Turbines				39. Island Inspection Fee (Where ferries, boats or planes are involved.)	\$50.00		0.00
20. Units up to 20 K.V.A. or H.P.	\$6.00		0.00				
21. Units 21 to 50 K.V.A or H.P.	\$10.00		0.00				

**Total Fee** (Must Include the \$75 non-refundable application and \$75 final inspection fees.)

150.00
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\* See VII. Fee Schedule Item #18 above  
 \*\* Required for all school and state-owned construction projects

**VIII. Instructions for Completing Application** **Make checks payable to "State of Michigan"**

**General:** Electrical work shall not be started until the permit has been issued with the Bureau of Construction Codes. All installations shall be in compliance with the Michigan Electrical Code. **No work shall be concealed until it has been inspected.** The telephone number for the inspector will be provided on the permit form. When ready for an inspection, call the inspector providing as much advance notice as possible and provide the **job location, permit number, and contact information. Schedule permitting, the inspector will respond to an inspection request within two (2) business days to schedule the inspection. Inspections are typically performed within five (5) business days subject to the inspection schedule.**

**Expiration of Permit:** A permit remains valid as long as work is progressing, and inspections are requested and conducted. A permit shall become invalid if the authorized work is not commenced within 180 days after issuance of the permit or if the authorized work is suspended or abandoned for a period of 180 days after the time of commencing the work. **A PERMIT WILL BE CLOSED WHEN NO INSPECTIONS ARE REQUESTED AND CONDUCTED WITHIN 180 DAYS OF THE DATE OF ISSUANCE OR THE DATE OF A PREVIOUS INSPECTION. CLOSED PERMITS CANNOT BE REFUNDED. THE CHARGE TO RE-OPEN A CLOSED PERMIT IS \$75.00.**

**Where to Submit Application:** The Bureau of Construction Codes is responsible for code enforcement in units of government throughout the state which have no local inspection authority and for all state-owned buildings as well as school construction where a local delegation of authority does not exist. Prior to applying for a permit, please review the [Statewide Jurisdiction List](#) for anything other than K-12 Educational Facilities. For K-12 Educational Facilities please review the [Local School Construction Enforcement List](#). This information is updated regularly due to changes in the construction code enforcement authority as they may be conducted by either the state, county, or local unit of government. A permit application must be submitted to the appropriate enforcing agency based upon these lists. Permit applications should be sent to the address on the first page of this application. Questions regarding issued permits may be directed to [bccpermits@michigan.gov](mailto:bccpermits@michigan.gov) or 517-241-9313.

**Section 23a of the state construction code act of 1972, 1972 PA 230, MCL 125.1523a, prohibits a person from conspiring to circumvent the licensing requirements of this state relating to persons who are to perform work on a residential building or a residential structure. Violators of section 23a are subjected to civil fines.**

I \_\_\_\_\_ (name), \_\_\_\_\_ (title), attest that the statements, specifications, and plans submitted with this application are true and complete and contain a correct description of the building or structure, lot or parcel, or proposed work. I further attest that this application complies with the requirements of MCL 125.1510 and that I am a person authorized under MCL 125.1510(2) to make the statements and attestations contained in this application under MCL 125.1510(2).

SIGNATURE	DATE
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<b>Validation Area</b>

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**I. Project or Facility Information**

NAME OF OWNER/AGENT/SCHOOL/STATE DEPT.		HAS A BUILDING PERMIT BEEN OBTAINED FOR THIS PROJECT? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not required		
STREET ADDRESS AND JOB LOCATION (Street Number and Name)	CITY	ZIP CODE	COUNTY	
NAME OF CITY, VILLAGE OR TOWNSHIP IN WHICH JOB IS LOCATED <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Township OF:				

**II. Applicant**

NAME		E-MAIL		
ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NUMBER (Include Area Code)

**III. Owner of the land in fee of project location**

NAME		ADDRESS		
CITY	STATE	ZIP CODE	TELEPHONE NUMBER (Include Area Code)	

**IV. Mechanical contractor**

NAME	COMPANY NAME	STATE OF MICHIGAN LICENSE NUMBER/CLASSIFICATIONS	EXPIRATION DATE
ADDRESS (Street Number and Name)	CITY	STATE	ZIP CODE
TELEPHONE NUMBER (Include Area Code)	E-MAIL ADDRESS		
FEDERAL EMPLOYER ID NUMBER (or reason for exemption)			
WORKERS COMPENSATION INSURANCE CARRIER (or reason for exemption)		UNEMPLOYMENT INSURANCE AGENCY EMPLOYER ACCOUNT NUMBER (or reason for exemption)	

**V. Purpose of Project**

<input type="checkbox"/> 1-& 2-family dwelling	<input type="checkbox"/> New	<input type="checkbox"/> Cannabis Facility	<input type="checkbox"/> State-owned
<input type="checkbox"/> Other _____	<input type="checkbox"/> Alteration	<input type="checkbox"/> Premanufactured Home Setup (State Approved)	<input type="checkbox"/> School
<input type="checkbox"/> Manufactured Home Setup (HUD Mobile Home)			

**VI. Plan Review Information**

**Plans must be submitted with an Application for Plan Examination and the appropriate deposit before a permit can be issued, except as listed below.**  
**Plans are not required** for the following:  
 a. One-and two-family dwellings when the total building heating/cooling system input rating is 375,000 Btu's or less.  
 b. Alterations and repair work determined by the mechanical official to be of a minor nature.  
 c. Business, mercantile, and storage use group buildings having HVAC equipment only, with one fire area and not more than 3,500 square feet.  
 d. Work completed by a governmental subdivision or state agency costing less than \$15,000.00.  
 e. If work being performed is described above, check box below **"Plans Not Required."**

What is the building size in square footage? \_\_\_\_\_  
 What is the input rating of the heating system in this building? \_\_\_\_\_

**Plans are required** for all other building types and shall be prepared by or under the direct supervision of an architect or engineer licensed pursuant to 1980 PA 299 and shall bear that architect's or engineer's seal and signature.



**Item #2, Residential Heating System:** This item is used for the installation of a forced-air heating system in a **new residential structure**. Items #13 Gas Piping and #33 Duct need not be added. Replacement systems should be itemized.

	Fee	# of Items	Total
1. Application Fee (non-refundable)	\$75.00	1	\$75.00
2. Residential Heating System New Building Only*	\$50.00		0.00
3. Gas/Oil Burning Equipment	\$30.00		0.00
4. HWC Unit	\$30.00		0.00
5. Generator (also requires electrical permit)	\$30.00		0.00
6. Residential Boiler	\$30.00		0.00
7. Water Heater (gas piping & venting-direct replacement only) (also requires plumbing permit)	\$5.00		0.00
8. Damper (control, back-draft, barometric or fire/smoke)	\$5.00		0.00
9. Solid Fuel Equipment (includes chimney)	\$30.00		0.00
10. Chimney, factory built (installed separately), B Vent, PVC Venting	\$25.00		0.00
11. Gas Burning Fireplace	\$30.00		0.00
12. Solar; set of 3 panels-fluid transfer (includes piping)	\$20.00		0.00
13. Gas Piping; each opening-new install (residential)	\$5.00		0.00
14. Air Conditioning Split Systems	\$30.00		0.00
15. Roof Top Unit	\$30.00		0.00
16. Heat Pumps (split systems) or Geothermal (complete residential)	\$30.00		0.00
17. Dryer, Bath & Kitchen Exhaust (residential ducting not included)	\$5.00		0.00
18. Humidifiers/Air Cleaners	\$10.00		0.00
19. Heat Exchanger Replacement	\$30.00		0.00
20. L.P. Above ground Connection	\$20.00		0.00
21. L.P. Underground Connection	\$25.00		0.00
<b>Tanks</b>			
22. Above ground	\$20.00		0.00
23. Underground	\$25.00		0.00
<b>Piping (ALL piping-minimum fee \$25.00)</b>			
24. Above ground fuel gas piping	\$.05 /ft		0.00
25. Underground fuel gas piping	\$.05/ft		0.00
26. Above ground process piping	\$.05/ft		0.00
27. Underground process piping	\$.05/ft		0.00
28. Above ground hydronic piping	\$.05/ft		0.00

\*See VII. Fee Schedule Item #2 above

	Fee	# of Items	Total
<b>Piping cont. (All piping-minimum fee \$25.00)</b>			
29. Underground hydronic piping	\$.05/ft		0.00
30. Refrigeration piping	\$.05/ft		0.00
31. Commercial Air Conditioning Piping	\$.05/ft		0.00
32. Exhausters (commercial)	\$15.00		0.00
33. Duct - minimum fee \$25.00	\$.10 /ft		0.00
34. Heat Pumps; Commercial (pipe not included)	\$20.00		0.00
<b>Air Handlers/Heat Wheels</b>			
35. Under 10,000 CFM	\$20.00		0.00
36. Over 10,000 CFM	\$60.00		0.00
37. Commercial Hoods	\$15.00		0.00
38. Heat Recovery Units	\$10.00		0.00
39. V.A.V. Boxes (all variable volume or zone damper equipment)	\$10.00		0.00
40. Unit Ventilators/PTAC Units/Liebert units	\$10.00		0.00
41. Fuel Fired Unit Heaters (terminal units)	\$15.00		0.00
42. Fire Suppression/Protection (includes piping)-minimum fee \$20.00	\$.75 / head		0.00
43. Coils (Heat/Cool)	\$30.00		0.00
44. Refrigeration (split system)	\$30.00		0.00
<b>Chiller/Cooling Towers</b>			
45. Chiller-Refrigeration	\$30.00		0.00
46. Chiller-Air Conditioning	\$30.00		0.00
47. Cooling Towers-Refrigeration	\$30.00		0.00
48. Cooling Towers-Air Conditioning	\$30.00		0.00
49. Compressor/Condenser	\$30.00		0.00
<b>Inspections</b>			
50. Gas Pressure Test only	\$20.00		0.00
51. Rough/Additional Inspection	\$75.00		0.00
52. Final Inspection	\$75.00	1	\$75.00
53. Certificate fee	\$30.00		0.00
54. Re-Open Expired Permit	\$75.00		0.00
55. Island Inspection Fee (Where ferries, boats or planes are involved)	\$50.00		0.00

**Total Fee** (Must Include the \$75 non-refundable application and \$75 final inspection fees)  
**Make checks payable to "State of Michigan"**

150.00
--------

VIII. Instructions for Completing Application

**General:** Mechanical work shall not be started until the permit has been issued by the Bureau of Construction Codes. All installations shall be in compliance with the Michigan Mechanical Code. **No work shall be concealed until it has been inspected.** The telephone number for the inspector will be provided on the permit form. **When ready for an inspection, call the inspector providing as much advance notice as possible and provided the job location, permit number, and contact information. Schedule permitting, the inspector will respond to an inspection request within two (2) business days to schedule the inspection. Inspections are typically performed within five (5) business days subject to the inspection schedule.**

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**Where to Submit Application:** The Bureau of Construction Codes is responsible for code enforcement in units of government throughout the state which have no local inspection authority and for all state-owned buildings as well as school construction where a local delegation of authority does not exist. Prior to applying for a permit, please review the [Statewide Jurisdiction List](#) for anything other than K-12 Educational Facilities. For K-12 Educational Facilities please review the [Local School Construction Enforcement List](#). This information is updated regularly due to changes in the construction code enforcement authority as they may be conducted by either the state, county, or local unit of government. A permit application must be submitted to the enforcement agency based upon these lists. Permit applications should be sent to the address on the first page of this application. Questions regarding issued permits may be directed to [bccpermits@michigan.gov](mailto:bccpermits@michigan.gov) or 517-241-9313.

**Section 23a of the state construction code act of 1972, 1972 PA 230, MCL 125.1523a, prohibits a person from conspiring to circumvent the licensing requirements of this state relating to persons who are to perform work on a residential building or a residential structure. Violators of section 23a are subjected to civil fines.**

I, \_\_\_\_\_ (name), \_\_\_\_\_ (title), attest that the statements, specifications, and plans submitted with this application are true and complete and contain a correct description of the building or structure, lot or parcel, or proposed work. I further attest that this application complies with the requirements of MCL 125.1510 and that I am a person authorized under MCL 125.1510(2) to make the statements and attestations contained in this application under MCL 125.1510(2).

SIGNATURE	DATE
-----------	------

Print

Clear

Plumbing Permit Application

P 2024 P

90

(Continue to back page and complete before printing this documents)

Michigan Department of Licensing and Regulatory Affairs

Bureau of Construction Codes

P.O. Box 30255, Lansing MI 48909

517-241-9313

bccpermits@michigan.gov

www.michigan.gov/bcc

Validation Area

This form can be completed by tabbing to each field and typing in the required information.

Authority: 1972 PA 230
Penalty: Failure to provide information may result in denial of your request.
LARA is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.

I. Project or Facility Information
NAME OF OWNER/AGENT/SCHOOL/STATE DEPT.
HAS A BUILDING PERMIT BEEN OBTAINED FOR THIS PROJECT?
STREET ADDRESS AND JOB LOCATION (Street Number and Name)
CITY
ZIP CODE
COUNTY
NAME OF CITY, VILLAGE OR TOWNSHIP IN WHICH JOB IS LOCATED

II. Applicant
NAME
E-MAIL
ADDRESS
CITY
STATE
ZIP CODE
TELEPHONE NUMBER (Include Area Code)

III. Owner of the land in fee of project location
NAME
E-MAIL
ADDRESS
CITY
STATE
ZIP CODE
TELEPHONE NUMBER (Include Area Code)

IV. Plumbing contractor
NAME
COMPANY NAME
STATE OF MICHIGAN LICENSE NUMBER
EXPIRATION DATE
ADDRESS (Street Number and Name)
CITY
STATE
ZIP CODE
E-MAIL ADDRESS
TELEPHONE NUMBER (Include Area Code)
FEDERAL EMPLOYER ID NUMBER (or reason for exemption)
WORKERS COMPENSATION INSURANCE CARRIER (or reason for exemption)
UNEMPLOYMENT INSURANCE AGENCY EMPLOYER ACCOUNT NUMBER (or reason for exemption)

V. Purpose of Project
Single Family
New
Sewer Only
Premanufactured Home Setup (State Approved)
State-owned
Other
Alteration
Water Service Only
Manufactured Home Setup (HUD Mobile Home)
School

VI. Plan Review Information
Plans must be submitted with an Application for Plan Examination and the appropriate deposit before a permit can be issued, except as listed below.
Plans are not required for the following:
1. One-and two-family dwelling containing not more than 3,500 square feet of building area.
2. Alterations and repair work determined by the plumbing official to be of a minor nature.
3. Buildings with a required plumbing fixture count less than 12.
4. Work completed by a governmental subdivision or state agency costing less than \$15,000.00.
If work being performed is described above, check box below "Plans Not Required."
Plans are required for all other building types and shall be prepared by or under the direct supervision of an architect or engineer licensed pursuant to 1980 PA 299 and shall bear that architect's or engineer's seal and signature.
BCC Plan Review Project No.
Plans Not Required

**VII. Fee Schedule** - enter the number of items being installed, multiply by the unit price for total fee.

**Item #2, Mobile Home Unit Site:** WHEN item is used for sewer excavations in a new park, the permit application should include the application fee, the number of unit sites and a final inspection. WHEN setting a mobile home in a park, or a mobile or **modular** home on private property, a permit should include the application fee, a sewer or building drain, a water service or water distribution pipe and a final inspection.

**Item #3, Fixtures, Floor Drains, Special Drains and Water Connected Appliances Include:**

Water Closets	Sink (any description)	Slop Sink	Drinking Fountain	Floor Drain	Water Outlet or Connection to any Make-up Water Tank
Bathub	Emergency Eye Wash	Bidet	Condensate Drain	Roof Drain	Water Outlet or Connection to Heating System
Lavatories	Emergency Shower	Cuspidor	Washing Machine	Grease Trap	Water Outlet or Connection to Filters
Shower Stall	Garbage Grinder	Dishwasher	Acid Waste Drain	Starch Trap	Connection to Sprinkler System (Irrigation)
Laundry Tray	Water Outlet Cooler	Refrigerator	Embalming Table	Plaster Trap	Water Connected Sterilizer
Urinal	Ice Making Machine		Bed Pan Washer	Water Softener	Water Connected Dental Chair
Autopsy	Water Connected Still		Oil Separator	Sand Trap	Water Connection to Carbonated Beverage Dispensers

**Plus Any Other Fixture, Drain or Water Connected Appliance Not Specifically Listed**

**Item #21, Domestic Water Treatment and Filtering Equipment:** A license is not required for the installation of domestic water treatment and filtering equipment that requires modifications to an existing cold water distribution supply and associated water piping in buildings if a permit is secured, required inspections performed and the installation complies with the applicable code. If the enforcing agency determines a violation exists, it shall be corrected by the responsible installer. The permit application shall include the application fee, the number of water treatment devices recorded in item #21 and the appropriate water distribution pipe (system) size fee.

	Fee	# Items	Total		Fee	# Items	Total
1. Application Fee (non-refundable)	\$75.00	1	\$75.00	Water Distributing Pipe (system)	\$5.00		0.00
2. Mobile Home Park Site*	\$5.00 each		0.00	14. 3/4" Water Distribution Pipe			
3. Fixtures, floor drains, special drains, water connected appliances	\$5.00 each		0.00	15. 1" Water Distribution Pipe	\$10.00		0.00
4. Stacks (soil, waste, vent and conductor)	\$3.00 each		0.00	16. 1-1/4" Water Distribution Pipe	\$15.00		0.00
5. Sewage ejectors, sumps	\$5.00 each		0.00	17. 1-1/2" Water Distribution Pipe	\$20.00		0.00
6. Sub-soil drains	\$5.00 each		0.00	18. 2" Water Distribution Pipe	\$25.00		0.00
Water Service				19. Over 2" Water Distribution Pipe	\$30.00		0.00
7. Less than 2"	\$5.00		0.00	20. Reduced pressure zone back-flow preventer	\$5.00 each		0.00
8. 2" to 6"	\$25.00		0.00	21. Domestic water treatment and filtering equipment <b>only**</b>	\$5.00 each		0.00
9. Over 6"	\$50.00		0.00	22. Medical Gas System	\$45.00		0.00
10. Connection (bldg. drain-bldg. sewers)	\$5.00		0.00	23. Water Heater	\$5.00		0.00
Sewers (sanitary, storm or combined)				Inspections	\$75.00		0.00
11. Less than 6"	\$5.00		0.00	24. Rough/Additional Inspection			
12. 6" and over	\$25.00		0.00	25. Final Inspection	\$75.00	1	\$75.00
13. Manholes, Catch Basins	\$5.00 each		0.00	26. Certification Fee	\$30.00		0.00
				27. Re-Open Expired Permit	\$75.00		0.00
				28. Island Inspection Fee (Where ferries, boats or planes are involved)	\$50.00		0.00

\*See VII. Fee Schedule Item #2, #3 and #21 above

**Total Fee** (Must include the \$75.00 non-refundable application and \$75.00 final inspection fees)

150.00

**VIII. Instructions for Completing Application**

**Make checks payable to "State of Michigan"**

**General:** Plumbing work shall not be started until the permit has been issued by the Bureau of Construction Codes. All installations shall be in compliance with the Michigan Plumbing Code. **No work shall be concealed until it has been inspected.** The telephone number for the inspector will be provided on the permit form. **When ready for an inspection, call the inspector providing as much advance notice as possible and provided the job location, permit number, and contact information. Schedule permitting, the inspector will respond to an inspection request within 2 business days to schedule the inspection. Inspections are typically performed within 5 business days subject to the inspection schedule.**

**Expiration of Permit:** A permit remains valid as long as work is progressing and inspections are requested and conducted. A permit shall become invalid if the authorized work is not commenced within 180 days after issuance of the permit or if the authorized work is suspended or abandoned for a period of 180 days after the time of commencing the work. **A PERMIT WILL BE CLOSED WHEN NO INSPECTIONS ARE REQUESTED AND CONDUCTED WITHIN 180 DAYS OF THE DATE OF ISSUANCE OR THE DATE OF A PREVIOUS INSPECTION. CLOSED PERMITS CANNOT BE REFUNDED. THE CHARGE TO RE-OPEN A CLOSED PERMIT IS \$75.00.**

**Where to Submit Application:** The Bureau of Construction Codes is responsible for code enforcement in units of government throughout the state which have no local inspection authority and for all state-owned buildings as well as school construction where a local delegation of authority does not exist. Prior to applying for a permit, please review the [Statewide Jurisdiction List](#) for anything other than K-12 Educational Facilities. For K-12 Educational Facilities please review the [Local School Construction Enforcement List](#). This information is updated regularly due to changes in the construction code enforcement authority as they may be conducted by either the state, county, or local unit of government. A permit application must be submitted to the enforcement agency based upon these lists. Permit applications should be sent to the address on the first page of this application. Questions regarding issued permits may be directed to [bccpermits@michigan.gov](mailto:bccpermits@michigan.gov) or 517-241-9313.

Section 23a of the state construction code act of 1972, 1972 PA 230, MCL 125.1523a, prohibits a person from conspiring to circumvent the licensing requirements of this state relating to persons who are to perform work on a residential building or a residential structure. Violators of Section 23a are subjected to civil fines.

I, \_\_\_\_\_ (name), \_\_\_\_\_ (title), attest that the statements, specifications, and plans submitted with this application are true and complete and contain a correct description of the building or structure, lot or parcel, or proposed work. I further attest that this application complies with the requirements of MCL 125.1510 and that I am a person authorized under MCL 125.1510(2) to make the statements and attestations contained in this application under MCL 125.1510(2).

SIGNATURE	DATE
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## Application for Plan Examination

Michigan Department of Licensing and Regulatory Affairs

Bureau of Construction Codes  
P.O. Box 30255, Lansing, MI 48909  
517-241-9313[bccpermits@michigan.gov](mailto:bccpermits@michigan.gov)  
[www.michigan.gov/bcc](http://www.michigan.gov/bcc)

## Validation Area

This form can be completed  
by tabbing to each field and  
typing in the required  
information.**Deposit Fee: \$125.00** (the first \$125.00 of an application is non-refundable)

Authority: 1972 PA 230	LARA is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.
Penalty: Failure to provide information may result in denial of your request.	

PROJECT OR FACILITY INFORMATION				
FACILITY NAME		STREET / SITE ADDRESS		
NAME OF CITY, VILLAGE OR TOWNSHIP IN WHICH FACILITY IS LOCATED				COUNTY
<input type="checkbox"/> City	<input type="checkbox"/> Village	<input type="checkbox"/> Township	Of: _____	
APPLICANT (Note: All correspondence will be sent to this address)				
NAME OF COMPANY		APPLICANT NAME		LAST 4 DIGITS OF FEIN OR SS NO.
ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NUMBER (Include Area Code)
EMAIL ADDRESS				FAX NUMBER (Include Area Code)
PLAN REVIEW INFORMATION				
GROSS FLOOR AREA				
<input type="checkbox"/> New Building _____	<input type="checkbox"/> Addition _____	<input type="checkbox"/> Alteration _____	<input type="checkbox"/> Repair _____	
CLASSIFICATION PER BUILDING CODE				
Building Use _____	Construction Type _____	No. of Occupants _____	Area/Floor _____	No. of Floors _____
FIRE SPRINKLERS				
<input type="checkbox"/> Entire Building	<input type="checkbox"/> Limited Area _____	<input type="checkbox"/> None		
<input type="checkbox"/> Government Project Cost Less Than \$15,000.00	Project Description _____			
<input type="checkbox"/> Addendum No. _____	<input type="checkbox"/> Bulletin No. _____	Original Project No. _____		
PLAN REVIEW				
Applicant must submit a detailed statement in writing, verified by affidavit of the individual making it, of the specifications for the building or structure, and full and complete copies of the plans drawn to scale of the proposed work. Applicant must also submit a site plan showing the dimensions, and the location of the proposed building or structure and the other buildings or structures on the same premises.				
Two (2) sets of construction documents are required with each application for plan examination.				
<input type="checkbox"/> Building (includes barrier free)	<input type="checkbox"/> Electrical	<input type="checkbox"/> Mechanical	<input type="checkbox"/> Plumbing	
<input type="checkbox"/> Footing / Foundation	<input type="checkbox"/> Fire Sprinkler	<input type="checkbox"/> Other _____		
BUILDING OWNER				
NAME (Company or Individual)		CONTACT PERSON		TELEPHONE NUMBER (Include Area Code)
ADDRESS	CITY	STATE	ZIP CODE	FAX NUMBER (Include Area Code)
PROJECT ARCHITECT / ENGINEER				
NAME OF COMPANY		LICENSED INDIVIDUAL		MICHIGAN LICENSE NUMBER
ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NUMBER (Include Area Code)
AFFIDAVIT				
I, _____ (name), _____ (title), attest that the statements, specifications, and plans submitted with this application are true and complete and contain a correct description of the building or structure, lot or parcel, and proposed work. I further attest that this application complies with the requirements of MCL 125.1510 and that I am a person authorized under MCL 125.1510(2) to make the statements and attestations contained in this application under MCL 125.1510(2).				
SIGNATURE			DATE	

## Instructions for Application for Plan Examination

**Project or Facility Information:** Provide all requested information. Mark the appropriate box (city, village or township) and state the name of the governmental subdivision where the project is located; not the post office location.

**Applicant Information:** Provide all requested information including a signature. All correspondence will be sent to this address, and this entity will be responsible for all fees.

**Plan Review Information:** Provide all requested information. The building use, construction type and number of occupants shall be as prescribed by the building code.

**Plan Review:** Mark all plan reviews desired or required.

**Building Owner:** Provide the requested information.

**Project Architect / Engineer:** Provide all requested information.

### Required Submittals for Plan Review

For each facility, submit completed application, \$125.00 (*the first \$125.00 of an application is non-refundable*) deposit fee made payable to the **State of Michigan** and two (2) sets of plans and/or specifications with **original seals and signatures** in accordance with 1980 PA 299. Fire sprinkler shop drawings and computations are not required to be sealed by a design professional.

**Building Code:** Site plan, foundation plan, soil bearing capacity, floor plans, building elevations, building sections, framing plans, details, roof plan, roof finish schedule, door schedule, roof live and dead loads.

**Electrical Code:** Plans for all electrical systems using more than six (6) circuits, except one- and two-family dwellings shall include lighting layout, circuiting, switching, conductor and raceway sizes, wattage schedule, service location and riser diagram, load calculations, appropriate plans showing standard symbols of all electrical equipment.

**Mechanical Code:** Plans indicating heating equipment, air conditioning equipment, ductwork material and layout, fire dampers, ventilation of rooms and areas, location of chimneys and vents, piping layouts.

**Plumbing Code:** Site plan, floor plans DMW riser diagrams and water distribution system and roof plan. Show direction of flow, pipe sizes, grade of horizontal piping, elevations, drainage fixture unit loading of both stacks and drains in the DWV system, supply fixture unit load for the water system, branch supplies serving more than one plumbing fixture, appliance or hose outlet.

**Energy Code:** Floor plans, building sections, details, average annual degree days, exterior envelope component materials, "U" values of elements, "R" values of insulating materials, size and type of apparatus and equipment, energy calculations.

### Upon Receipt of All Applications

Written confirmation will be sent to the applicant. Further correspondence, concerning the plan reviews, will be sent to the applicant and the project architect/engineer, if one is provided.

#### U.S. Postal Service

MI Dept. of Licensing and Regulatory Affairs  
Bureau of Construction Codes  
P.O. Box 30255  
Lansing, MI 48909

#### Courier Other Than U.S. Postal Service

MI Dept. of Licensing and Regulatory Affairs  
Bureau of Construction Codes  
2407 N. Grand River Avenue  
Lansing, MI 48906

**Application for School Project Plan Examination**  
 Michigan Department of Licensing and Regulatory Affairs  
 Bureau of Construction Codes  
 P.O. Box 30255, Lansing, MI 48909  
 517-241-9313  
[bccpermits@michigan.gov](mailto:bccpermits@michigan.gov)  
[www.michigan.gov/bcc](http://www.michigan.gov/bcc)

**Print**

**Clear**

This form can be completed by tabbing to each field and typing in the required information.

**Construction Codes & Site Plan Review - \$125.00 (135)**  
 (the first \$125.00 of an application is non-refundable)

<b>Validation area</b>

Authority: 1972 PA 230; 1941 PA 207; and 1937 PA 306 Penalty: Failure to provide information may result in denial of your request.	LARA is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.
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**PROJECT OR FACILITY INFORMATION**

FACILITY NAME	STREET / SITE ADDRESS	FIRE DEPARTMENT (Required)
NAME OF CITY, VILLAGE OR TOWNSHIP IN WHICH FACILITY IS LOCATED <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Township Of: _____		COUNTY
		ZIP CODE

**APPLICANT**

NAME OF COMPANY	APPLICANT NAME	LAST 4 DIGITS OF FEIN OR SS
ADDRESS	CITY	STATE
		ZIP CODE
E-MAIL ADDRESS	TELEPHONE NUMBER (Include area code)	
	FAX NUMBER (Include Area Code)	

**PLAN REVIEW INFORMATION**

Item	A/E Project Number	BCC Project Number
<input type="checkbox"/> Initial Construction Document	_____	_____
<input type="checkbox"/> Addendum No. _____	_____	_____
<input type="checkbox"/> Bulletin No. _____	_____	_____

ADJACENT LAND USE	TOTAL SITE ACRES
North _____ East _____ South _____ West _____	_____

GROSS FLOOR AREA
<input type="checkbox"/> New Building _____ <input type="checkbox"/> Addition _____ <input type="checkbox"/> Alteration _____ <input type="checkbox"/> Repair _____

CLASSIFICATION / SCOPE
Building Use _____ Construction Type _____ No. of Occupants _____ Area/Floor _____ No. of Floors _____

FIRE SPRINKLERS
<input type="checkbox"/> Entire Building <input type="checkbox"/> Limited Area _____ <input type="checkbox"/> None

<input type="checkbox"/> Public School Project Cost is Less Than \$15,000.00	Project Description _____
--	---------------------------

**PLAN REVIEW**

Applicant must submit a detailed statement in writing, verified by affidavit of the individual making it, of the specifications for the building or structure, and full and complete copies of the plans drawn to scale of the proposed work. Applicant must also submit a site plan showing the dimensions, and the location of the proposed building or structure and the other buildings or structures on the same premises.

Two (2) sets of construction documents are required with each application for plan examination.

Building (Includes Barrier Free)  Electrical  Mechanical (Includes Fire Sprinkler)  Site (Include environmental approvals attachment)

Footing / Foundation  Plumbing  Other \_\_\_\_\_

**BUILDING OWNER**

NAME (Company or Individual)	CONTACT PERSON	TELEPHONE NUMBER (Include Area Code)
ADDRESS	CITY	STATE
		ZIP CODE
		FAX NUMBER (Include Area Code)

**PROJECT ARCHITECT / ENGINEER / CERTIFIED FIRM / LANDSCAPE ARCHITECT / SURVEYOR**

NAME OF COMPANY	LICENSED INDIVIDUAL	MICHIGAN LICENSE / CERTIFICATION NO.
ADDRESS	CITY	STATE
		ZIP CODE
		TELEPHONE NUMBER (Include Area Code)

**AFFIDAVIT**

I, \_\_\_\_\_ (name), \_\_\_\_\_ (title), attest that the statements, specifications, and plans submitted with this application are true and complete and contain a correct description of the building or structure, lot or parcel, and proposed work. I further attest that this application complies with the requirements of MCL 125.1510 and that I am a person authorized under MCL 125.1510(2) to make the statements and attestations contained in this application under MCL 125.1510(2).

SIGNATURE	DATE
-----------	------



**Instructions for Application for School Project Plan Examination**

**This application is designed to be used only for schools defined as kindergarten through 12th grade  
(this includes all buildings and structures on school property)**

**Project or Facility Information:** Provide all requested information. Mark the appropriate box (city, village or township) and state the name of the governmental subdivision where the project is located; not the post office location.

**Applicant Information:** Provide all requested information with an original signature. All correspondence will be sent to this address and this entity will be responsible for all fees.

**Plan Review Information:** Indicate what is being submitted and provide the appropriate project and project numbers. The submission numbers are critical when linking addenda and bulletins with a previous submittal for the same project. Provide the requested adjacent land uses and total site acreage.

**Plan Review:** Provide all requested information. The building use, construction type and number of occupants shall be as prescribed by the building code. If the project cost is less than \$15,000.00 for a public school facility, check the box. Indicate the desired plan reviews for Construction Codes.

**Building Owner:** Provide the requested information.

**Project Architect/Engineer/Certified Firm/Landscape Architect/Surveyor:** Provide the requested information.

**Required Submittals for Plan Review**

For each facility, submit completed application, the appropriate deposit fee (*the first \$125.00 of a Construction Code & Site Plan Review application is non-refundable*) made payable to the **State of Michigan** and the required number (from front of application) of construction documents with **original seals and signatures** in accordance with 1980 PA 299. Fire sprinkler shopdrawings and computations are not required to be sealed by a design professional. The review fee will be calculated based on the approved fee schedule and the balance due shall be billed to the applicant. See Construction Code Fee Schedule at [www.michigan.gov/bcc](http://www.michigan.gov/bcc), Forms, Plan Review Section.

**Required Deposit and Construction Documents**

<b>Project Type</b>	<b>Fee</b>	<b>Construction Documents</b>
Construction Code Review Only (plus site review if requested)	\$125.00 deposit	2 sets
School Site Plan Review only	\$125.00 deposit	2 sets

**Building Code:** Site plan, foundation plan, soil bearing capacity, floor plans, accessibility requirements, building elevations, building sections, framing plans, details, approved design numbers for fire resistant assemblies, roof plan, roof finish schedule, door schedule, structural live and dead loads.

**Electrical Code:** Plans for all electrical systems using more than six (6) circuits, shall include lighting layout, circuiting, switching, conductor and raceway sizes, wattage schedule, service location and riser diagram, load calculations, appropriate plans showing standard symbols of all electrical equipment.

**Mechanical Code:** Plans indicating heating equipment, air conditioning equipment, ductwork material and layout, fire dampers, ventilation of rooms and areas, location of chimneys and vents, piping layouts.

**Plumbing Code:** Site plan, floor plans, DWV riser diagrams and water distribution system and roof plan. Show direction of flow, pipe sizes, grade of horizontal piping, elevations, drainage fixture unit loading of both stacks and drains in the DWV system, supply fixture unit load for the water system, branch supplies serving more than one plumbing fixture, appliance or hose outlet.

**Energy Code:** Floor plans, building sections, details, average annual degree days, exterior envelope component materials, "U" values of elements, "R" values of insulating materials, size and type of apparatus and equipment, energy calculations.

**Site:** Public school site plan review, the applicant is responsible for any environmental approvals required for the site.

**U.S. Postal Service**

MI Dept. of Licensing and Regulatory Affairs  
Bureau of Construction Codes  
P.O. Box 30255  
Lansing, MI 48909

**Courier Other Than U.S. Postal Service**

MI Dept. of Licensing and Regulatory Affairs  
Bureau of Construction Codes  
2407 N. Grand River Avenue  
Lansing, MI 48906

**Application for Premanufactured Unit or Modification to Premanufactured Unit**

136

Michigan Department of Licensing and Regulatory Affairs  
 Bureau of Construction Codes  
 P.O. Box 30255, Lansing, MI 48909  
 517-241-9313

[bccpermits@michigan.gov](mailto:bccpermits@michigan.gov)  
[www.michigan.gov/bcc](http://www.michigan.gov/bcc)

Validation Area

This form can be completed by tabbing to each field and typing in the required information.

New Building System       Modification to New Building System

Authority: 1972 PA 230 Penalty: Failure to provide information may result in denial of your request.	LARA is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.
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**Note: The applicant is responsible for all fees applicable to this application.**

MANUFACTURER				
PRIMARY MANUFACTURER NAME (Note: Building Systems Approval Report and approved plans will be sent to this address)			C.A. NUMBER	
MANUFACTURER NAME			C.A. NUMBER	
MANUFACTURER NAME			C.A. NUMBER	
BUILDING DATA				
DESCRIPTION OF MANUFACTURED MODEL OR MODIFICATION				
MODEL NUMBER, NAME AND SIZE (For modifications only)			PREVIOUS BSAR NUMBER (If applicable)	
USE GROUP	CONSTRUCTION TYPE	OCCUPANT LOAD <input type="checkbox"/> ACTUAL <input type="checkbox"/> CALC. _____ PERSONS		TYPE OF UNIT <input type="checkbox"/> MODULAR <input type="checkbox"/> CORE <input type="checkbox"/> COMPONENT
ROOF LIVE / SNOW LOAD PSF		FLOOR LIVE LOAD PSF		GROUND SNOW LOAD PSF
WIND SPEED MPH	ROOF DEAD LOAD PSF	FLOOR DEAD LOAD PSF		HEATING DEGREE DAYS
PLAN REVIEW				
Applicant must submit a detailed statement in writing, verified by affidavit of the individual making it, of the specifications for the building or structure, and full and complete copies of the plans drawn to scale of the proposed work.				
<input type="checkbox"/> BUILDING <input type="checkbox"/> ELECTRICAL <input type="checkbox"/> MECHANICAL <input type="checkbox"/> PLUMBING				
PROJECT ARCHITECT / ENGINEER				
NAME OF COMPANY		LICENSED INDIVIDUAL		MICHIGAN LICENSE NUMBER
ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NUMBER (Include Area Code)
APPLICANT INFORMATION (Note: All correspondence, except approval, will be sent to this address)				
NAME OF COMPANY		APPLICANT NAME		LAST 4 DIGITS OF FEIN OR SS NO.
ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NUMBER (Include Area Code)
AFFIDAVIT				
I, _____ (name), _____ (title), attest that the statements, specifications, and plans submitted with this application are true and complete and contain a correct description of the building or structure, lot or parcel, and proposed work. I further attest that this application complies with the requirements of MCL 125.1510 and that I am a person authorized under MCL 125.1510(2) to make the statements and attestations contained in this application under MCL 125.1510(2).				
SIGNATURE			DATE	

ITEM	LOCATION		
	PLANS Sheet No.	SPECIFICATIONS Page No.	SYS. MANUAL Page No.
<b>BUILDING</b>			
MATING DETAILS			
FOUNDATION CONNECTION DETAILS			
EXTERIOR ELEVATIONS			
MAJOR CROSS SECTIONS			
WALL SECTION			
FLASHING DETAILS			
ATTIC ACCESS			
ATTIC VENTILATION			
EXTERIOR MATERIALS & FINISHES			
INTERIOR MATERIALS & FINISHES			
FIRE SEPARATION ASSEMBLY LOCATIONS			
DOOR / WINDOW SCHEDULES			
FOUNDATION PLANS			
CRAWL SPACE VENTING			
ENERGY CONSERVATION CALCULATIONS			
ACCESSIBILITY DETAILS			
LOCATION OF SMOKE DETECTORS			
FIRE RESISTANCE RATING / DETAILS			
FIRESTOPPING / DRAFTSTOPPING DETAILS			
STAIR DETAILS			
TOXICITY & FLAME SPREAD RATING FOR INTERIOR FINISHES			
DESIGN SOIL BEARING CAPACITY			
FOUNDATION LOADS			
FOUNDATION SIZES & DETAILS			
STRUCTURAL FRAMING DETAILS			
HEADER / LINTEL SCHEDULES			
TRUSS DESIGN			
FASTENER SCHEDULE			
LABEL & DATA PLATE LOCATION			
SITE INSTALLED ITEMS			
<b>ELECTRICAL</b>			
PANEL SCHEDULE(S)			
SERVICE EQUIPMENT PLAN OR RISER DIAGRAM			

ITEM	LOCATION		
	PLANS Sheet No.	SPECIFICATIONS Page No.	SYS. MANUAL Page No.
GROUNDING METHOD AND DETAILS			
LOAD CALCULATIONS			
SIZE OF FEEDERS AND BRANCH CIRCUIT			
LOCATION OF MAIN DISCONNECT			
METHOD OF INTERCONNECTION BETWEEN UNITS			
LOCATION OF OUTLETS AND JUNCTION BOXES			
FIXTURE MOUNTING METHOD			
SPECIAL EQUIPMENT OR APPLIANCE LOCATIONS			
OPTIONAL EQUIPMENT PLANS OR DETAILS			
SITE INSTALLED ITEMS			
<b>MECHANICAL</b>			
IS HEATING SYSTEM INSTALLED IN THE FACTORY? <input type="checkbox"/> YES <input type="checkbox"/> NO			
IS HEATING EQUIPMENT SUPPLIED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
HEATING AND COOLING EQUIPMENT LOCATIONS			
EQUIPMENT LOAD CALCULATIONS			
DUCT DESIGN CALCULATIONS			
DUCT AND REGISTER LAYOUTS			
LOCATIONS OF EXHAUST GRILLS IN BATHROOMS			
EXHAUST DUCT MATERIAL			
COMBUSTION AIR REQUIREMENTS			
VENTILATING AIR REQUIREMENTS			
VENTING SYSTEMS			
FIRE DAMPER LOCATIONS			
AIR BALANCING DEVICE LOCATIONS			
SMOKE DETECTORS IN DUCTWORK			
SPRINKLER SYSTEM			
SPRINKLER PLANS			
SPRINKLER CALCULATIONS			
MANUFACTURED FIREPLACE SPECIFICATION			
SITE INSTALLED ITEMS			
<b>PLUMBING</b>			
WATER PIPING SYSTEM			
AIR CHAMBERS			
VACUUM BREAKER ON HOSEBIBBS			

ITEM	LOCATION		
	PLANS Sheet No.	SPECIFICATIONS Page No.	SYS. MANUAL Page No.
SHOWER VALVES, TYPE AND TEMPERATURE SETTING			
INDIRECT WASTE			
CLEANOUTS			
SUBMIT RISER DIAGRAM			
MATERIAL - SPECIFICATIONS			
WATER HEATER DETAILS			
PIPE HANGER SPACING			
ACCESS PANEL LOCATION			
SITE INSTALLED ITEMS			
<b>FEE CALCULATION</b>			
	<b>FEE (each)</b>	<b>NUMBER</b>	<b>TOTAL</b>
<b>ONE- AND TWO-FAMILY DWELLINGS</b>			
NEW MODEL (ONE FOUNDATION SYSTEM)	\$375.00		
FOUNDATION OPTIONS/MODIFICATION	\$125.00		
REVERSE PLAN/MODIFICATION	\$125.00		
VARIOUS OPTIONS	\$125.00		
ADDITIONAL MANUFACTURER(S) SUBMITTAL (NOT PRIMARY)	\$125.00		
<b>OTHER THAN ONE- AND TWO-FAMILY DWELLINGS</b>			
NEW MODEL (ONE FOUNDATION SYSTEM) <b>\$125 Minimum</b>			
ADDITIONAL MANUFACTURER(S) SUBMITTAL (NOT PRIMARY)	\$125.00		
		<b>GRAND TOTAL \$</b>	_____

**Instructions for Application for Premanufactured Unit or Modification to Premanufactured Unit**

**Manufacturer:** Multiple plants may be listed. Provide manufacturer name and compliance assurance (C.A.) number for each plant. The information provided must match the information on file.

**Building Data:** Provide all requested information. The building use, construction type and number of occupants shall be as prescribed by the building code.

**Plan Review:** Mark all plan reviews desired or required.

**Project Architect / Engineer:** Provide all requested information.

**Applicant Information:** Provide all requested information with an original signature. All correspondence, except approval, will be sent to this address and this entity will be responsible for all fees.

**Required Submittals for Plan Review**

For each model, submit completed application, the appropriate fee made payable to the **State of Michigan** and three (3) sets of plans and/or specifications with **original seals and signatures** in accordance with 1980 PA 299. The first \$125.00 of an application is non-refundable. Also, modifications require one (1) copy of the original approved floor plan bearing the Construction Code Commission approval stamp and one (1) copy of the original Building Systems Approval Report to compare the modification requested to the original model.

**Upon Receipt of All Applications**

Written confirmation will be sent to the applicant. Further correspondence, concerning the requested plan reviews, will be sent to the applicant and the inspection agency. A copy of the Building Systems Approval Report(s) and two (2) sets of approved plans will be shipped to the primary manufacturer for appropriate distribution to any additional listed plants and inspection agency(ies).

**U.S. Postal Service**

MI Dept. of Licensing and Regulatory Affairs  
Bureau of Construction Codes  
P.O. Box 30255  
Lansing, MI 48909

**Courier Other Than U.S. Postal Service**

MI Dept. of Licensing and Regulatory Affairs  
Bureau of Construction Codes  
2407 N. Grand River Avenue  
Lansing, MI 48906