

Antrim County Building Department

P. O. BOX 188
BELLAIRE, MI 49615

FAX (231) 533-6041

205 E. CAYUGA
PH (231) 533-8373

APPLICATION FOR PLAN REVIEW COMMERCIAL

Location of Building: _____
(Street Address) (Twp/Village)

OWNER'S NAME: _____

OWNER'S ADDRESS: _____

This application is to be completed by the **Architect** or **Engineer** who prepared the plans for the above Project. **Please complete this Application by checking all those Items applicable to your Project; Sign, Seal and Return it to the ANTRIM COUNTY BUILDING DEPARTMENT.** This information is necessary to conduct a complete Plan Review of your Plan Submission and Issue a Building Permit.

The following Code References are for **THE MICHIGAN BUILDING CODE 2006 :**

1. This Building is equipped with the following Automatic Fire Suppression System(s)

- | | |
|--|---|
| <input type="checkbox"/> No Suppression System required | <input type="checkbox"/> Foam System (904.7) |
| <input type="checkbox"/> NFPA 13 Sprinkler System (903.3.1.1) | <input type="checkbox"/> Carbon Dioxide System (904.8) |
| <input type="checkbox"/> Limited Area Sprinkler System (903.3.5.1.1) | <input type="checkbox"/> Commercial Cooking System (904.11) |
| <input type="checkbox"/> Halon System (904.9) | <input type="checkbox"/> Dry-chemical System (904.6) |
| <input type="checkbox"/> Other (specify) _____ | <input type="checkbox"/> Clean-agent System (904.10) |

2. What are the Use Group Classifications for this Building?

- | | | |
|--------------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> A-1 (303.1) | <input type="checkbox"/> H-1 (307.3) | <input type="checkbox"/> M (309.1) |
| <input type="checkbox"/> A-2 (303.1) | <input type="checkbox"/> H-2 (307.4) | <input type="checkbox"/> R-1 (310.1) |
| <input type="checkbox"/> A-3 (303.1) | <input type="checkbox"/> H-3 (307.5) | <input type="checkbox"/> R-2 (310.1) |
| <input type="checkbox"/> A-4 (303.1) | <input type="checkbox"/> H-4 (307.6) | <input type="checkbox"/> R-3 (310.1) |
| <input type="checkbox"/> A-5 (303.1) | <input type="checkbox"/> H-5 (307.7) | <input type="checkbox"/> R-4 (310.1) |
| <input type="checkbox"/> B (304.1) | <input type="checkbox"/> I-1 (308.2) | <input type="checkbox"/> S-1 (311.2) |
| <input type="checkbox"/> E (305.1) | <input type="checkbox"/> I-2 (308.3) | <input type="checkbox"/> S-2 (311.3) |
| <input type="checkbox"/> F-1 (306.2) | <input type="checkbox"/> I-3 (308.4) | <input type="checkbox"/> U (312.1) |
| <input type="checkbox"/> F-2 (306.3) | <input type="checkbox"/> I-4 (308.5) | |

3. Identify all Incidental Use Areas covered by Table 508.2: Room or Area: _____

4. If the Building is occupied by two or more Use Classifications, which option of Section 302.3 has been utilized?

- Nonseparated Uses (302.3.1)
 Separated Uses (302.3.2)

5. The following is the type of Construction Classification for this Building: Table 503, Table 601 & Table 602

- | | | |
|---|--|--|
| <input type="checkbox"/> Type IA (602.2) | <input type="checkbox"/> Type IIB (602.2) | <input type="checkbox"/> Type IV (602.4) |
| <input type="checkbox"/> Type IB (602.2) | <input type="checkbox"/> Type IIIA (602.3) | <input type="checkbox"/> Type VA (602.5) |
| <input type="checkbox"/> Type IIA (602.2) | <input type="checkbox"/> Type IIIB (602.3) | <input type="checkbox"/> Type VB (602.5) |

6. The Design Occupant Load for this Building has been established by the Largest Number determined from:

- | | |
|--|---------------------------------------|
| SECTION: | OCCUPANT LOAD: |
| <input type="checkbox"/> Section 1004..1.1 | Actual Number _____ |
| <input type="checkbox"/> Section 1004.1.2 | Number by Table 1004.1.2 _____ |
| <input type="checkbox"/> Section 1004.1.3 | Number by Combination _____ |

Construction Documents shall designate the Number of Occupants to be accommodated on Every Floor, and In All Rooms and Spaces. Section 106.1.2

7. The following is the **Actual Occupant Load** for which the **minimum number of Plumbing Fixtures** are established: **Use Classification:** _____ **Occupant Load:** _____ **Table 403.1 of the Michigan Plumbing Code 2006**

8. **Design Live Loads: In Accordance with Sec.1603.1 -- Ground Snow Load (p_g) = 70psf Fig. 1608.2**

- a.) **Floor Live Load per Table 1607.1** _____ d.) **Snow Exposure Factor (C_e) Table1608.3.1** _____
b.) **Flat-roof Snow Load 1608.3 (P_f)** _____ e.) **Thermal Factor (C_t) Table 1608.3.2** _____
c.) **Sloped Roof Snow Load Sec. 1608.4 (P_s)** _____ f.) **Snow Load Importance Factor 1608.3.3 (I_s)** _____

The Following Design Load Values shall be determined in accordance with **ASCE 7- 02 Standards: Sec. 7.10** Rain-on-Snow Surcharge Load ($< \frac{1}{2} : 12$) ; **Sec. 7.11** Ponding Instability ($< \frac{1}{4} : 12$) ; **Sec. 7.4** Sloped Roof Snow Loads ($> 1:12$) ; **Sec. 7.5** Partial Loading ; **Sec. 7.6** Unbalanced Snow Loads ; **Sec. 7.7** Drifts on Lower Roofs ; **Sec. 7.9** Sliding Snow. **THESE ITEMS SHALL BE SHOWN ON THE PLANS WHEN APPLICABLE.**

9. The **Basic Wind Speed** for this Building is: _____ (mph) -- **Fig. 1609.** The **Exposure Category** for this Building is: _____ **Section 1609.4.**

10. The **Soil Foundation Design Load** for this Building is: _____ (psf) **Section 1804.1**

11. **The Plans Submitted are in Complete Compliance with Chapter 11 of the Building Code (Accessibility) and ICC/ANSI A117.1 - 2003 (Accessible and Usable Buildings and Facilities).**

The following Parts of this Building or the following Facilities in this Building are exempt from Accessibility Requirements of the Code per State Variances (Copies Attached). _____

12. **Two Complete Sets of SIGNED and SEALED PLANS including BIDDERS INSTRUCTIONS (one set) and PROJECT SPECIFICATIONS (one set) are submitted with this Application: (more than one if applicable). PLANS AND SPECIFICATIONS SHALL BE SIGNED AND SEALED BY ENGINEER OR ARCHITECT**

- | | | |
|---|--|---|
| <input type="checkbox"/> Engineering | <input type="checkbox"/> Architectural | <input type="checkbox"/> Mechanical |
| <input type="checkbox"/> Electrical | <input type="checkbox"/> Plumbing | <input type="checkbox"/> Fire Suppression |
| <input type="checkbox"/> Special Test Reports (soil, steel, etc.) | <input type="checkbox"/> Others _____ | |

13. **Building Area per Floor:** _____ sq. ft.. **IF this Project is an Addition to an Existing Building, the Area shall be the Combined Areas.**
The Required Site Plan shall Dimension both the New and Existing Building and show the distances to all Property Lines, Adjacent Buildings and Center Line(s) of Highways, Streets and Alleys.

14. **The Building Height is:** _____ ft. **Number of Stories is:** _____

15. **Name and Address of Design Engineer or Architect:**

Phone Number: _____

17. **Architect's or Engineer's Signature and Seal:**