

ANTRIM COUNTY BUILDING DEPARTMENT

Receipt # \_\_\_\_\_

PO BOX 188 – 205 E CAYUGA

Check # \_\_\_\_\_

BELLAIRE, MI 49615

231-533-8373; FAX – 231-533-6041

APPLICATION FOR PLAN REVIEW  
ELECTRICAL, PLUMBING, AND MECHANICAL

Job Site Name: \_\_\_\_\_

(Street Address)

(Twp/Village)

Owner's Name: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

Represented Trades: \_\_\_\_\_ Electrical \_\_\_\_\_ Mechanical \_\_\_\_\_ Plumbing

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 Permit.

What are the **Use Group Classifications** for this Building? \_\_\_\_\_

The following is the type of **Construction Classification** for this Building: **Table 503, Table 601 & Table 602** for this Building? \_\_\_\_\_

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 2003**.

[ ] This Building has been designed with the **Michigan Uniform Energy Code, Part 10 Rules, R 408.31001 to R 408.31099. (1301.1) Compliance with ANSI/ASHRAE/IESNA Standard 90.1-1999 is required.**

ASRAE Compliance Report (**Required for Plan Review**): \_\_\_\_\_ Electrical \_\_\_\_\_ Mechanical

**The Plans Submitted are in Complete Compliance with Chapter 11 of the Building Code (Accessibility) and ICC/ANSI A117.1 – 1998 (Accessible and Usable Buildings and Facilities).**

The Building Height is: \_\_\_\_\_ft. Number of Stories is: \_\_\_\_\_

[ ] **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.**

Name and Address of Design Engineer or Architect: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Architect's or Engineer's Signature and Seal:

Created on 02-15-06