Addendum for Commercial Application for Plan Review

Oceana County Building Department
3986 N Oceana Dr.
Hart, MI 49420
(231)873-5355

Date_____
Location of building: _____
Owner's Name: _____

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 system
- ☐ NFPA 13 System
- ☐ NFPA 13R System
- ☐ NFPA 13D System
- ☐ Other System _____

2. What do you consider to be the Use Group Classification of this building? (check more than on if applicable)

☐ A-1(303.1)	☐ F-1 (306.1)	☐ M (309.1)	☐ U
☐ A-2	☐ F-2 (302.3)	☐ R-1 (310.1)	☐ Other
☐ A-3	☐ H (307.0)	☐ R-2	
☐ A-4	☐ I-1 (308.2)	☐ R-3	
☐ A-5	☐ I-2 (308.3)	☐ R-4	
☐ B (304.1)	☐ I-3 (308.4)	☐ S-1 (311.2)	
☐ E (305.1)	☐ I-4 (308.5)	☐ S-2(311.3)	

3. If the building is occupied by two or more Use Group Classifications, which option in section 302.3 has been utilized in the design of the building? (check one)

- ☐ (302.3.2) Option #1 – No fire separation of uses
- ☐ (302.3.3) Option #2 – Separated uses

4. Are there portions of the building separated by one or more fire walls that comply with the provisions of Section 705?

☐ No ☐ Yes (indicate the fire resistance rating as required by Table 705.4)

5. The following is the Type of construction proposed for this building

☐ 1-A (602.2)	☐ III-A (602.3)	☐ V-A (602.5)
☐ 1-B (602.2)	☐ III-B (602.3)	☐ V-B (602.5)
☐ II-A (602.2)	☐ IV (602.4)	
☐ II-B (602.2)		
☐ other _____		

6. The following indicates the occupant load for which the exit(s) have been designed

(Check more than one if applicable)	Room Or Area	Number of Occupants
☐ Table (103.2.2.2)	_____	_____
☐ Actual Number (1003.2.2.1)	_____	_____
☐ Increase Number (1003.2.2.4)	_____	_____
☐ Fixed Seats (1003.2.2.9)	_____	_____
	Total Occupant Load	_____

7. The following indicates the live snow load for which the framing system has been designed. (check more than one if applicable)

☐ _____PSF Uniformly Distributed Load, Area _____

☐ _____Drifted Snow Load, Area_____ (attach loading diagram)

8. The following indicates the Live Floor Load (Table 1607.1) for which the floor system has been designed.

☐ _____PSF, Area_____

☐ _____PSF, Area_____

☐ _____PSF, Area_____

9. The soil bearing capacity required for the design is_____per square foot.

10. Michigan Barrier Free Design:

☐ Plans submitted do not show compliance with the following Michigan Barrier Free Rules (application for exemption request is attached)

☐ Building is in compliance with Michigan Barrier Free Design

11. The building area is_____square feet.

12. The building height above grade (Section 502) is_____feet and_____stories.

13. The following plans have been submitted, or will be submitted prior to the issuance of the applicable permit. (check all that are applicable)

☐ Architectural
☐ Mechanical
☐ Electrical
☐ Plumbing
☐ Fire Suppression
☐ Other _____
☐ Structural Calculations
☐ Energy Code Calcs (showing compliance with ASHRAE 90.1-1999)

14. Estimated Construction Value $_____

Architects or Engineer's Signature and Seal:

_____

Dated_____