

# COMMERCIAL OR INDUSTRIAL PROJECTS PLAN REVIEW APPLICATION

GRAND BLANC TOWNSHIP, BUILDING DEPARTMENT

5371 S. Saginaw Street  
PO Box 1833  
Grand Blanc, MI 48480



Telephone: (810) 424-2720

Fax: (810) 424-2721

## APPLICATION INFORMATION AND REQUIREMENTS (application MUST be complete):

\_\_\_\_\_ PLAN REVIEW FEES MUST BE PAID IN FULL AT TIME OF PROJECT SUBMITTAL

\_\_\_\_\_ PLANS MUST BE SIGNED/SEALED BY ARCHITECT OR ENGINEER

\_\_\_\_\_ THREE SETS OF SIGNED/SEALED PLANS ARE REQUIRED

\_\_\_\_\_ THE FOLLOWING SIGNATURES MUST BE ON THE APPLICATION:

\_\_\_\_\_ Applicant      \_\_\_\_\_ Architect/Engineer      \_\_\_\_\_ Design Professional In Charge

\_\_\_\_\_ SITE PLAN REVIEW IN PROCESS? \_\_\_\_\_ COMPLETED AND APPROVED?

\_\_\_\_\_ ZBA REQUIRED? \_\_\_\_\_ IF YES, APPROVAL OBTAINED?

\_\_\_\_\_ SPECIAL LAND USE REQUIRED? \_\_\_\_\_ IF YES, APPROVAL OBTAINED?

**IT IS YOUR RESPONSIBILITY** To Obtain The Following County & State Permits (**If Required**) Prior To Application For Your Building Permit:

\_\_\_\_\_ Soil Erosion Permit (County)      \_\_\_\_\_ Right-Of-Way Permit (County)

\_\_\_\_\_ CCIF (B) Permit (County)      \_\_\_\_\_ IPP Permit (County)

\_\_\_\_\_ DEQ (State)      \_\_\_\_\_ DNR (State)

## **Fire Suppression / Fire Prevention Information Required (last page of application)**

**KIRK F. RICHARDSON, CFI**  
BUILDING OFFICIAL  
FIRE CODE OFFICIAL

**DENNIS S. SMITH, CBO/CFI**  
SENIOR BUILDING INSPECTOR  
SENIOR FIRE INSPECTOR

**DAVID GIBSON**  
BUILDING PLAN REVIEW  
BUILDING INSPECTOR

**JASON GRAMER**  
ELECTRICAL PLAN REVIEW/INSPECTOR

**WILLIAM LANG**  
MECHANICAL PLAN REVIEW/INSPECTOR  
FIRE SUPPRESSION PLAN REVIEW/INSPECTOR  
PLUMBING PLAN REVIEW/INSPECTOR

**Notice:** Authority: Act 230, P.A.1972, as amended      Completion: Mandatory      Penalty: Permit Cannot Be Issued  
Grand Blanc Township will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, handicap or political beliefs.

**PLEASE NOTE: ONLY those items checked and that have fees paid will be reviewed. \*\*Additional submittals for plan review require a new application:**

Building \_\_\_\_\_ Electrical \_\_\_\_\_ Mechanical \_\_\_\_\_ Plumbing \_\_\_\_\_ Energy \_\_\_\_\_

Foundation \_\_\_\_\_ Barrier Free \_\_\_\_\_ Fire Prevention\* \_\_\_\_\_ Fire Suppression \_\_\_\_\_ Fire Alarm \_\_\_\_\_

- *\* Each of the following require fire prevention plan review and permits in addition to mechanical and/or electrical:*
  - *Any project requiring fire suppression plan review and permit.*
  - *Any project requiring fire alarm systems*
  - *Any project requiring Automatic Range Hood systems*

➤ **APPLICANT INFORMATION:**

Company: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone (if desired): \_\_\_\_\_ Fax: \_\_\_\_\_

➤ **Applicant Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_

➤ **ARCHITECT/ENGINEER INFORMATION:**

Company: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

License #: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax \_\_\_\_\_

➤ **DESIGN PROFESSIONAL IN RESPONSIBLE CHARGE:**

Company: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Architect: \_\_\_\_\_ Engineer: \_\_\_\_\_ License Number: \_\_\_\_\_

Email \_\_\_\_\_

➤ **RESPONSIBILITY AREAS:**

Building \_\_\_\_\_ Electrical \_\_\_\_\_ Mechanical \_\_\_\_\_ Plumbing \_\_\_\_\_ Energy \_\_\_\_\_

Foundation \_\_\_\_\_ Barrier Free \_\_\_\_\_ Fire Suppression \_\_\_\_\_ Other \_\_\_\_\_

➤ \_\_\_\_\_  
**Signature of Design Professional in Charge** **Date**

**THIS APPLICATION IS FOR:**

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

Project Name: \_\_\_\_\_

Building Data: New \_\_\_\_\_ Addition \_\_\_\_\_ Alteration \_\_\_\_\_ Repair \_\_\_\_\_ Other \_\_\_\_\_

**Proposed Construction Cost:** \_\_\_\_\_

**AREA 1** .....General Description: \_\_\_\_\_

Gross Floor Area: \_\_\_\_\_ Alteration Area: \_\_\_\_\_ Occupant Load: \_\_\_\_\_

Use Group: \_\_\_\_\_ Construction Type: \_\_\_\_\_ Date: \_\_\_\_\_

**Fire Suppression:** Yes / No **Type of System:** NFPA13 NFPA13R NFPA13D LTD AREA HOOD SYS OTHER

**Fire Alarms:** Yes / No **Type of System:** MANUAL AUTOMATIC

**AREA 2** .....General Description: \_\_\_\_\_

Gross Floor Area: \_\_\_\_\_ Alteration Area: \_\_\_\_\_ Occupant Load: \_\_\_\_\_

Use Group: \_\_\_\_\_ Construction Type: \_\_\_\_\_ Date: \_\_\_\_\_

**Fire Suppression:** Yes / No **Type of System:** NFPA13 NFPA13R NFPA13D LTD AREA HOOD SYS OTHER

**Fire Alarms:** Yes / No **Type of System:** MANUAL AUTOMATIC

**AREA 3** .....General Description: \_\_\_\_\_

Gross Floor Area: \_\_\_\_\_ Alteration Area: \_\_\_\_\_ Occupant Load: \_\_\_\_\_

Use Group: \_\_\_\_\_ Construction Type: \_\_\_\_\_ Date: \_\_\_\_\_

**Fire Suppression:** Yes / No **Type of System:** NFPA13 NFPA13R NFPA13D LTD AREA HOOD SYS OTHER

**Fire Alarms:** Yes / No **Type of System:** MANUAL AUTOMATIC

# PLAN REVIEW FIRE SUPPRESSION AND FIRE PREVENTION FOR FIRE SUPPRESSION

## Separate Permits Required for Fire Suppression and Fire Prevention for Fire Suppression

### ATTENTION OWNERS / LEASEES:

### ATTENTION CONTRACTORS:

**This project may need to obtain yearly operational permit** and inspection from the Grand Blanc Township Fire Prevention Bureau

When application for a fire suppression permit is made, **shop drawings are required.**

- **Owner/Manager is responsible to pay all fire prevention plan review fees and submit a fire prevention permit application with appropriate fees.**

### PLEASE PROVIDE A DESCRIPTION OF WORK TO BE COMPLETED UNDER THIS PERMIT

---

---

**SYSTEM TYPE:** GRID \_\_\_\_\_ T-System \_\_\_\_\_

Density \_\_\_\_\_ Wet Pipe \_\_\_\_\_

“C” Factor \_\_\_\_\_ Dry Pipe \_\_\_\_\_

Design Area Square Feet \_\_\_\_\_ Pre-Action System \_\_\_\_\_

# Sprinklers Calculated \_\_\_\_\_ Wet Pipe w/Antifreeze \_\_\_\_\_

Hose Allowance \_\_\_\_\_

Water Supply Static Flow Test \_\_\_\_\_ Residual \_\_\_\_\_ at \_\_\_\_\_ G.P.M.

System Demand \_\_\_\_\_ G.P.M. @ \_\_\_\_\_ PSI at \_\_\_\_\_

System G.P.M. \_\_\_\_\_ Hose G.P.M. \_\_\_\_\_ Pressure \_\_\_\_\_

Hazard Type \_\_\_\_\_

K for Heads \_\_\_\_\_ Design Density \_\_\_\_\_

# Head on Each Line \_\_\_\_\_

# Rows/Lines: \_\_\_\_\_ Spacing of Rows \_\_\_\_\_

Total # of Heads \_\_\_\_\_