



LIVINGSTON COUNTY
DEPARTMENT OF BUILDING & SAFETY ENGINEERING
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COMMERCIAL ADDENDUM FOR PLAN REVIEW

Date:

Address of building:

Owner:

Design Professional:

(This form is to be completed by the Design Professional in Charge - Signed and Sealed)

1) The building is equipped throughout with which of the following fire suppression system: *(check all that apply)*

- | | |
|---|---|
| <input type="checkbox"/> No complete system | <input type="checkbox"/> NFPA 13-R System |
| <input type="checkbox"/> NFPA 13 System | <input type="checkbox"/> NFPA 13-D System |
| <input type="checkbox"/> NFPA 13-R System | <input type="checkbox"/> Other System(s) |

2) Check the appropriate boxes below indicating **all** Use Group classifications that are applicable to the work area of the structure, building or space:

- | | | | |
|------------------------------|------------------------------|----------------------------------|------------------------------|
| <input type="checkbox"/> A-1 | <input type="checkbox"/> F-1 | <input type="checkbox"/> H-1 | <input type="checkbox"/> R-1 |
| <input type="checkbox"/> A-2 | <input type="checkbox"/> F-2 | <input type="checkbox"/> H-2,3,4 | <input type="checkbox"/> R-2 |
| <input type="checkbox"/> A-3 | <input type="checkbox"/> I-1 | <input type="checkbox"/> S-1 | <input type="checkbox"/> R-3 |
| <input type="checkbox"/> A-4 | <input type="checkbox"/> I-2 | <input type="checkbox"/> S-2 | <input type="checkbox"/> R-4 |
| <input type="checkbox"/> A-5 | <input type="checkbox"/> I-3 | <input type="checkbox"/> B | <input type="checkbox"/> U |
| <input type="checkbox"/> E | <input type="checkbox"/> I-4 | <input type="checkbox"/> M | |

3) If the building is occupied by two or more Use Group classifications

- | | | | |
|--|--|------------------------------|---------------------------------|
| <input type="checkbox"/> Non-separated | <input type="checkbox"/> Separated <i>(indicate the required separation)</i> | | |
| <input type="checkbox"/> N/A | <input type="checkbox"/> 1hr | <input type="checkbox"/> 2hr | <input type="checkbox"/> Other: |
| | <input type="checkbox"/> 3hr | <input type="checkbox"/> 4hr | |

4) Are there any firewall or fire barriers being used?

List all UL design(s) and rating(s):

- Yes* No

* If Yes how many?

5) Indicate the building/structure Type of Construction

- | | | |
|-----------------------------------|--------------------------------------|---|
| <input type="checkbox"/> TYPE 1-A | <input type="checkbox"/> TYPE 3-A | <input type="checkbox"/> TYPE 5-A |
| <input type="checkbox"/> TYPE 1-B | <input type="checkbox"/> TYPE 3-B | <input type="checkbox"/> TYPE 5-B |
| <input type="checkbox"/> TYPE 2-A | <input type="checkbox"/> TYPE 4 (IV) | <input type="checkbox"/> OTHER - (list) |
| <input type="checkbox"/> TYPE 2-B | | |

6) List the occupant load(s) for the building design: submit addition information and the break down of any individual area based on the Use Group classification for different Use areas

ROOM AREA or USE GROUP	SQUARE FOOTAGE GROSS	NET	NUMBER OF OCCUPANTS	COMMON PATH OF EGRESS
1				
2				
3				
4				
5				
6				

TOTAL OCCUPANT LOAD:
(Include an attachment if necessary)

7) The following indicates the Live snow load (25 l.b. ground snow load) for which the framing system has been designed for: (check more than one if applicable)

- | | | |
|--------------------------|---|-------|
| <input type="checkbox"/> | psf uniformly distributed load | Area: |
| <input type="checkbox"/> | Drifted snow load
(attach loading diagram & calculation) | Area: |

8) The following indicates the Live Floor Loads of the floor system

- | | |
|--------------------------|------------|
| <input type="checkbox"/> | psf / Area |
| <input type="checkbox"/> | psf / Area |
| <input type="checkbox"/> | psf / Area |

9) The minimum soil bearing capacity required for this design is _____ per square foot

10) The total **GROSS** square footage of the building/space is: _____ sq.ft.
The total **NET** square footage of the building/space is: _____ sq.ft.

11) The building height above finished grade is _____ feet / number of stories

12) Michigan Barrier Free Design:

Building is in compliance with Michigan Barrier Free Design requirements

If the plans submitted **DO NOT** show compliance with the Michigan Barrier Free Design please list:

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

Architectural

Fire Suppression

Site Plan

Mechanical

Fire Alarm

Building Specifications

Electrical

Structural Calculations

Other

Plumbing

Energy Code Compliance

Other _____

14) **The estimated construction value\$**

15) The Design Professional in Charge (Architect or Engineer) Signature and Seal:

Signature

Print name

Seal