

# City of Fenton

301 South Leroy Street. Fenton, Michigan 48430-2196. (810) 629-2261. FAX (810) 629-2004

The following checklist may be used as a guideline prior to submitting plans for review by the city. This checklist is not exhaustive. It is intended to assist in identifying commonly missed items that are essential for a successful plan review.

All construction documents shall be submitted electronically to [ipayne@cityoffenton.org](mailto:ipayne@cityoffenton.org) or [ldavis@cityoffenton.org](mailto:ldavis@cityoffenton.org)

## **GENERAL ISSUES AND OCCUPANCY**

- Approved plans shall be available on the construction site; plans shall be kept current including all changes to the work. Without approved plans, on-site inspections may be cancelled and rescheduled with added inspection charges. Plans will be approved as drawn; any changes made during construction shall be resubmitted for approval. The submitted and approved copy shall be kept with the original approved set of construction documents in the field for inspector review.
- The registered design professional shall be responsible for reviewing and coordinating submitted documents prepared by others including phased and deferred submittal items for compatibility with the design of the building.
- Architect's or engineer's stamp/seal/signature if drawings have been prepared by same
- A Certificate of Occupancy shall be secured prior to occupancy: MBC 2015

## **OCCUPANCY**

- Existing and proposed uses of space/building.
- Life safety plan.

## **TYPES OF CONSTRUCTION**

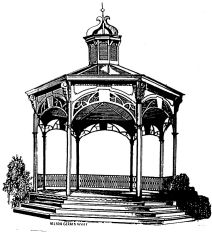
- Type of building materials used in the construction of exterior and interior walls, floor/ceiling, and roof framing.

## **SITE PLANS: GENERAL BUILDING HEIGHTS AND AREAS**

- Engineered site plan/survey confirming proposed development is required.
- Dimensions to property lines and other buildings on the same lot.
- Existing and proposed height of structure in number of stories and linear foot
- Existing and proposed area in square feet per floor of building

## **FIRE SAFETY**

- Fire protection and alarm system shall be submitted for approval. Through Fire Safety Consultants Inc.
- Location existing and proposed fire hydrants
- Location of Knox Box
- All supporting construction (columns) shall be protected to afford the required fire-resistance rating of the horizontal assembly supported.



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- Penetrations of horizontal assemblies without a required fire resistance rating shall meet the requirements of MBC 2015 Fire Barriers or comply with Horizontal Assemblies MBC 2015. Designed to resist the free passage of flame and products of combustion. (2B, 3-B, 5-B)
- All dwelling units shall be separated both vertically and horizontally as prescribed in MBC 2015. Shower/Bath units shall maintain the continuity of any fire resistance ratings.
- Curtain wall design shall meet the requirements of the MBC 2015 for joint systems and shall meet ASTM E2307
- UL ratings of all required fire resistive construction including structural members, shafts, stairwells, etc.
- All foam/plastic insulation shall meet the requirements of the MBC 2015
- Please identify if a deflection top track is required. If it is required, please show the method for providing the following: single or double deflection track, required deflection gap, types of lateral bracing needed, the gauge of the top and bottom track and the gauge of the studs to be used.

## INTERIOR FINISHES

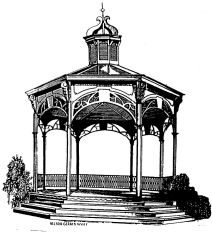
- Room dimensions, including ceiling heights.
- Fire rating classifications of all finish materials

## SPRINKLER SYSTEMS AND ALARMS

- Information on all required fire protection systems including sprinklers, alarm systems, smoke detection systems, and standpipes (location of alarms, manual pull stations, smoke detectors, standpipes, etc.)
- Portable fire extinguishers shall be as prescribed in the MBC 2015
- Location of Fire department connection

## EGRESS

- Means of egress: including sizes, locations of doors, corridors, stairways, etc.
- All bedroom windows shall have a minimum net clear opening of 5.7 square feet. R-3 Non-sprinkled.
- Means of egress lighting and location of exit signs.
- Emergency egress lighting shall be provided at a rate of 1 foot candle average, measured along the path of egress.
- A photometric drawing is required to verify compliance before occupancy.
- Means of egress including travel distance.
- Additional exit signs may be required based on field conditions per MBC.
- Exit enclosures shall not be used for any purpose other than means of egress including ducts, electrical conduits, and other building components that have nothing to do with egress.
- Handrails are required on both sides of ramps with a rise greater than 6": MBC 2015
- Door hardware information
- Handrail extensions may be required per MBC 2015



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## **ACCESSIBILITY**

- Applicable Barrier Free Design information regarding alterations, additions, and new buildings.
- Proper Barrier Free signage is required per MBC.
- Sink Height is to be 34" (max) per ICC ANSI A117.1
- Two drinking fountains are required, one at 36" maximum height for wheelchairs and one a minimum of 38" for standing persons.
- A vertical grab bar in toilet rooms has been added to the requirements of the ANSI A117.1.
- Locker rooms shall be provided with a bench complying with ICC ANSI A117.1.
- Before elevator work begins, a copy of the elevator permit shall be submitted to the city of Fenton Building Dept.

## **INTERIOR SPACES**

- Wall separating R-2 and corridors, stairs, and service areas shall have sound rating of 50 STC per MBC 2015. Include
- Wall documentation

## **ENERGY CODE**

- Documentation for Energy compliance to be provided.

## **ROOF ASSEMBLIES AND ROOF TOP STRUCTURES**

- Type, fire classification rating and construction of roof coverings.

## **EXTERIOR WALLS**

- Exterior wall detail required.

## **MASONRY**

- Construction documents required per 2101.3 detailing lintels and other masonry structural elements.
- Masonry construction shall conform to all cold weather construction provisions.



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## Building Permit and Plan Examination Application

**Construction Value** \_\_\_\_\_ **Permit Number** \_\_\_\_\_

Adjustments may be required due to adopted guidelines for basis of construction value

<b>Authority:</b>	P.A. 23 0 of 1972, as amended	The department will not discriminate against any individual or
<b>Completion:</b>	Mandatory to obtain permit	group because of race, sex, religion, age, national origin, color,
<b>Penalty:</b>	Permit will not be issued	marital status, handicap or political beliefs.

**APPLICANT TO COMPLETE ALL ITEMS IN SECTIONS 1-6. SEPARATE APPLICATIONS MUST BE COMPLETED FOR PLUMBING, MECHANICAL, & ELECTRICAL WORK WITH THE CITY OF FENTON.**

### 1. Project Information

**Project Name** \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

### 2. Identification

A. Owner/Lessee/Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_



**A. Architect/Engineer**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_  
License \_\_\_\_\_

**C. Contractor**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_  
License Number \_\_\_\_\_ Expiration Date \_\_\_\_\_  
Federal Employer ID Number or Reason for Exemption \_\_\_\_\_  
Workers Comp Insurance Carrier or Reason for Exemption \_\_\_\_\_  
MESC Employer Number or Reason for Exemption \_\_\_\_\_

**3. Type of Improvement and Plan Review**

**A. Type of Improvement**

- \_\_\_\_\_ 1. New Building      \_\_\_\_\_ 5. Demolition      \_\_\_\_\_ 8. Premanufacture
- \_\_\_\_\_ 2. Addition            \_\_\_\_\_ 6. Mobile            \_\_\_\_\_ 9. Relocation
- \_\_\_\_\_ 3. Alteration          \_\_\_\_\_ 7. Foundation      \_\_\_\_\_ 10. Special Inspection
- \_\_\_\_\_ 4. Repair

**B. Reviews to be Performed**

- \_\_\_\_\_ 1. Building
- \_\_\_\_\_ 2. Foundation



**ANY ELECTRICAL, MECHANICAL, AND PLUMBING REVIEWS ARE BY THE CITY OF FENTON. FIRE SUPPRESSION THROUGH FIRE SAFETY CONSULTANTS, INC.**

**4. Proposed Use of Building**

**A. Residential**

- |  |                          |
|--|--------------------------|
| _____ 1. One Family                            | _____ 4. Attached Garage |
| _____ 2. Two or More Family (# of Units _____) | _____ 5. Detached Garage |
| _____ 3. Hotel/Motel (# of Units _____)        | _____ 6. Other           |

**B. Non-Residential**

- |                           |                                 |                             |
|---------------------------|---------------------------------|-----------------------------|
| _____ 7. Amusement        | _____ 11. Service Station       | _____ 15. School, Library   |
| _____ 8. Church, Religion | _____ 12. Hospital, Institution | _____ 16. Store, Mercantile |
| _____ 9. Industrial       | _____ 13. Professional          | _____ 17. Tanks, Towers     |
| _____ 10. Parking Garage  | _____ 14. Public Utility        | _____ 18. Other             |

Non-Residential-Describe in detail the proposed use of the building, e.g. food processing plant, machine shop, laundry building at hospital, elementary school, secondary school, college, parochial school, parking garage for department store, rental office building, office building at industrial plant. If use of existing building is being changed, enter proposed use.

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**5. Selected Characteristics**

**A. Principal Type of Frame**

- |                                |                              |                |
|--------------------------------|------------------------------|----------------|
| _____ 1. Masonry, Wall Bearing | _____ 3. Structural Steel    | _____ 5. Other |
| _____ 2. Wood                  | _____ 4. Reinforced Concrete |                |

**B. Principal Type of Heating Fuel**

- |              |                      |                 |
|--------------|----------------------|-----------------|
| _____ 6. Gas | _____ 8. Electricity | _____ 10. Other |
| _____ 7. Oil | _____ 9. Coal        |                 |

**C. Type of Sewage Disposal**

- |                                     |                         |
|-------------------------------------|-------------------------|
| _____ 11. Public or Private Company | _____ 12. Septic System |
|-------------------------------------|-------------------------|



**D. Type of Water Supply**

\_\_\_\_\_ 13. Public or Private Company \_\_\_\_\_ 14. Private Well or Cistern

**E. Type of Mechanical**

15. Will there be Air Conditioning? \_\_\_\_\_ Yes \_\_\_\_\_ No

16. Will there be Fire Suppression? \_\_\_\_\_ Yes \_\_\_\_\_ No

**F. Dimensions/Data**

17. Number of Stories \_\_\_\_\_

18. Use Group \_\_\_\_\_

19. Const. Type \_\_\_\_\_

20. No. of Occupants \_\_\_\_\_

21. Floor Area:

	Existing	Alterations	New
Basement	_____	_____	_____
1 <sup>st</sup> & 2 <sup>nd</sup> Floor	_____	_____	_____
3 <sup>rd</sup> -10 <sup>th</sup> Floor	_____	_____	_____
11 <sup>th</sup> & Above	_____	_____	_____
Total Area	_____	_____	_____

**G. Number of Off Street Parking Spaces**

22. Enclosed \_\_\_\_\_

23. Outdoors \_\_\_\_\_

**6. Applicant Information**

**APPLICANT IS RESPONSIBLE FOR THE PAYMENT OF ALL FEES AND CHARGES APPLICABLE TO THIS APPLICATION AND MUST PROVIDE THE FOLLOWING INFORMATION**

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Email \_\_\_\_\_



**I HEREBY CERTIFY THAT THE PROPOSED WORK IS AUTHORIZED BY THE OWNER OF RECORD AND THAT I HAVE BEEN AUTHORIZED BY THE OWNER TO MAKE THIS APPLICATION AS HIS/HER AUTHORIZED AGENT, AND WE AGREE TO CONFORM TO ALL APPLICABLE LAWS OF THE STATE OF MICHIGAN. ALL INFORMATION SUBMITTED ON THIS APPLICATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE.**

Section 23a of the State Construction Code Act of 1972, 1972 PA 230 MCL 125.1523A, prohibits a person from conspiring to circumvent the licensing requirements of this state relating to persons who are to perform work on a residential structure. Violations of Section 23a are subject to civil fines.

**Signature of Applicant** \_\_\_\_\_

Plan Review Fee Enclosed \$ \_\_\_\_\_ Building Permit Fee Enclosed \$ \_\_\_\_\_

## 7. Local Governmental Agency to Complete this Section

### Environmental Controls Approvals

	Required?		Approved	Date	Number	By
A - Zoning	Yes	No				
B - Fire District	Yes	No				
C - Pollution Control	Yes	No				
D - Noise Control	Yes	No				
E - Soil Erosion	Yes	No				
F - Flood Zone	Yes	No				
G - Water Supply	Yes	No				
H - Septic System	Yes	No				
I - Variance Granted	Yes	No				
J - Other	Yes	No				





**8. Validation- For Department Use Only**

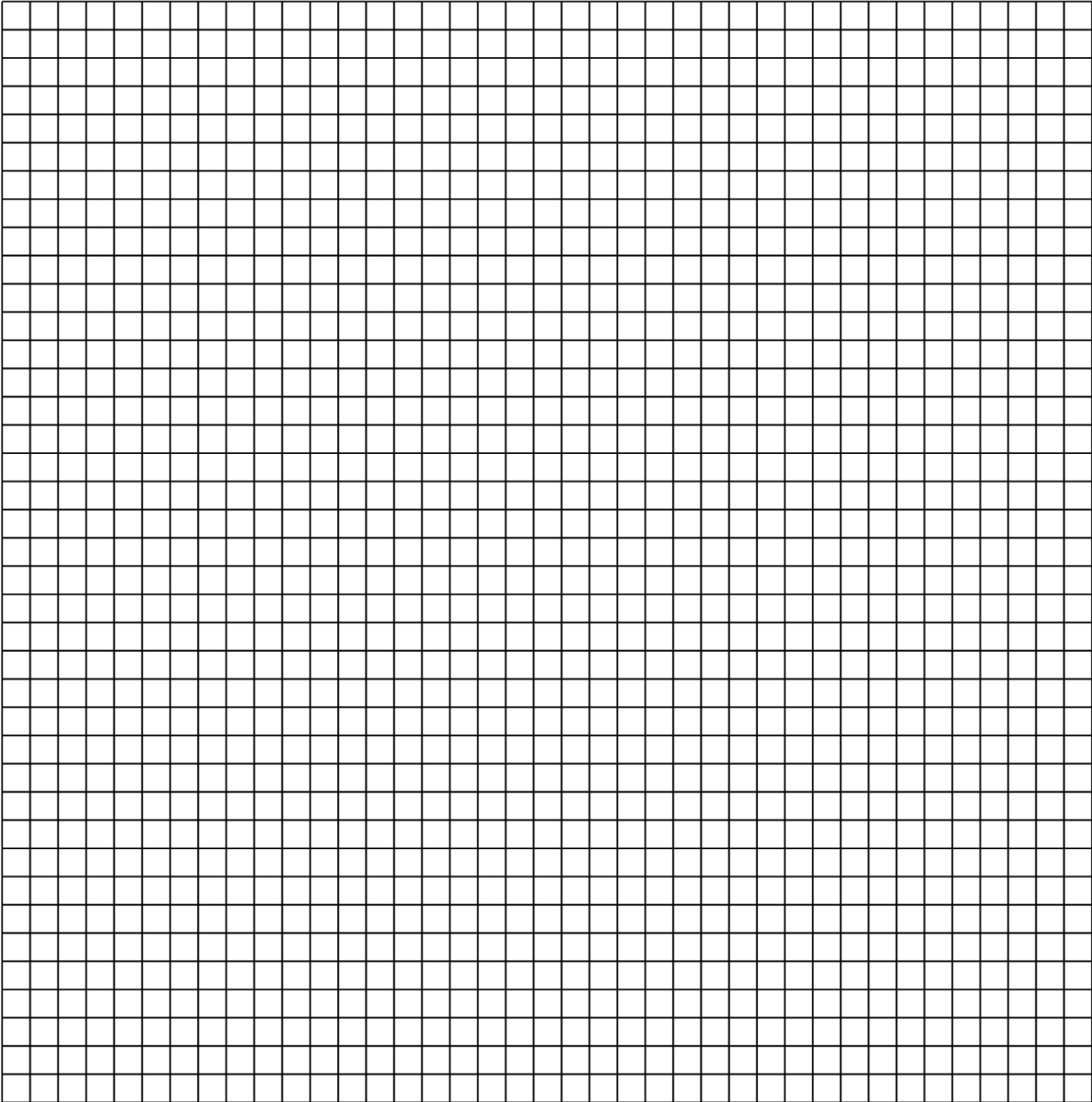
User Group	_____	Building Permit Fee	_____
Type of Construction	_____	Zoning Permit	_____
Number of Inspections	_____	Construction Review Fee	_____
Square Feet	_____	Other Fee	_____
		<b>Total Fee</b>	_____

**Approval Signature** \_\_\_\_\_

**Title** \_\_\_\_\_ **Date** \_\_\_\_\_



**9.Site or Plot Plan- For Applicant Use or submit on separate sheet.**

A large rectangular grid of graph paper, consisting of 30 columns and 30 rows of small squares. This grid is intended for the applicant to draw a site or plot plan.