

Application for Approval and Renewal of Plan Review Agencies

Michigan Department of Labor & Economic Growth
 Bureau of Construction Codes
 Plan Review Division
 P.O. Box 30255
 Lansing, MI 48909
 517-241-9328
 www.michigan.gov/bcc

Agency Use Only

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Authority: 1972 PA 230 Part 11 Premanufactured Unit Rules, Rule 1172 Approval: Mandatory Annual Renewal	The Department of Labor and Economic Growth will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.
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INITIAL APPLICATION FILING FEE: \$750.00
ANNUAL RENEWAL FILING FEE: \$150.00
 (FILED ON OR BEFORE DECEMBER 31 EACH YEAR)

NEW APPLICATIONS: PROVIDE ALL ITEMS LISTED BELOW, PER PART 11 RULES.
ANNUAL RENEWALS: CHECK ITEMS BELOW WHICH HAVE CHANGED SINCE LAST FILING AND ATTACH NEW INFORMATION.

R 408.31170 Requirements for approval of third party plan review agencies.

Rule 1170.

- (1) A review agency seeking approval shall submit an application to the commission on a form provided by the bureau of construction codes and fire safety.
- (2) The application shall include all of the following information:
 - (a) Name of applicant.
 - (b) Address of applicant.
 - (c) Qualifications of applicant.
 - (d) Name of each individual performing plan reviews.
 - (e) Number of years of experience and qualifications of each individual performing plan reviews.
 - (f) The registration number of each individual performing plan reviews.
 - (g) Professional registrations held by the individuals performing plan reviews.
 - (h) The name and location of the manufacturer for which plan reviews will be conducted.
 - (i) A statement of how compliance with the requirements of section 19(6) of 1972 230, MCL 125.1501 et seq. is achieved.
- (3) The application shall include all of the following items:
 - (a) Original articles of incorporation of the agency and any subsequent amendments thereto, as filed in the state of the incorporation.
 - (b) The bylaws of the organization.
 - (c) The names, addresses and businesses affiliations of all members of the board of directors and top management personnel.
 - (d) A listing of stockholders or other parties of interest having shares or other holdings in excess of \$5,000.00
 - (e) A certification by the agency of both of the following:
 - (i) Its board of directors, as a body, and its technical personnel, may exercise independence in judgment.
 - (ii) The activities pursued by the agency will not result in financial gain or benefit to the agency via stock ownership or other financial interest from the manufacturer, any producer supplier or vender of products involved, other than through standard published fees for services rendered.
 - (f) An organizational chart showing the reporting relationship of all personnel associated with the conduct of plan reviews and supervision of the plan review process.
 - (g) A listing of persons responsible for evaluation of personnel performing plan reviews.
 - (h) An outline of the process to determine actions to be taken if a violation of the codes is identified within the plan review process and how corrections will be achieved.
 - (i) A description of the record keeping system used to document receipt of plans, plan reviews conducted, and plan reviews completed and filed with the commission.
 - (j) Description of the frequency of which plan reviews may be conducted.
 - (k) A list of other states in which the agency is currently approved to conduct plan reviews.
 - (l) A statement outlining the familiarity of the agency with the Michigan construction codes and the premanufactured unit rules.
 - (m) A certification that the agency may perform plan reviews for compliance with codes, standards, specifications, and requirements adopted in this state for premanufactured units or building components.

APPLICANT (Note: All correspondence will be sent to this address)				
NAME OF COMPANY		APPLICANT NAME		SOCIAL SECURITY NUMBER* OR FEIN (REQUIRED)
ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NUMBER (Include Area Code)
APPLICANT'S SIGNATURE (Must be an original signature)		DATE	EMAIL	FAX NUMBER (Include Area Code)

*This information is confidential. Disclosure of confidential information is protected by the Federal Privacy Act.