

**Application for Barrier Free Design Rule Exception**  
 Michigan Department of Licensing and Regulatory Affairs  
 Bureau of Construction Codes / Plan Review Division  
 P.O. Box 30255, Lansing, MI 48909  
 517-241-9328  
 www.michigan.gov/bcc

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Agency Use Only

**Application Fee: \$500.00**

Authority: 1966 PA 1	LARA is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.
Penalty: Failure to provide information may result in denial of your request.	

The Barrier Free Design Board has no authority over the federal standards contained in the Americans with Disabilities Act of 1990, 42 U.S.C. 12204.

**Note: The applicant is responsible for all fees applicable to this application.**

PROJECT OR FACILITY INFORMATION				
FACILITY NAME		STREET / SITE ADDRESS		
NAME OF CITY, VILLAGE OR TOWNSHIP IN WHICH FACILITY IS LOCATED <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Township    Of: _____				COUNTY
Estimated Project Cost    \$		Estimated Cost of Compliance    \$		
BUILDING DATA (To be completed by the administrative authority responsible for issuing the building permit for this project)				
<input type="checkbox"/> New Building <input type="checkbox"/> Alteration <input type="checkbox"/> Change of Use		Building Permit / File Number _____		
USE GROUP		CONSTRUCTION TYPE		
Project Does Not Comply With Barrier Free Design Requirements As Follows:				
Michigan Building Code Section(s):				
Reason for Non-Compliance/Compelling Need:				
ENFORCING AGENCY		BUILDING OFFICIAL NAME		REGISTRATION NUMBER
ADDRESS	CITY	STATE <b>MI</b>	ZIP CODE	TELEPHONE NUMBER (Include Area Code)
BUILDING OFFICIAL SIGNATURE (Must be an original signature)		DATE	E-MAIL ADDRESS	FAX NUMBER (Include Area Code)
PROJECT ARCHITECT / ENGINEER (When professional services are required by code or law)				
COMPANY NAME		LICENSED INDIVIDUAL		MICHIGAN LICENSE NUMBER
ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NUMBER (Include Area Code)
APPLICANT/FACILITY CONTACT INFORMATION (Note: All correspondence will be sent to this address)				
COMPANY NAME		APPLICANT NAME		LAST 4 DIGITS OF FEIN OR SS NO.
ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NUMBER (Include Area Code)
I certify the proposed work is authorized by the owner of record. I agree to conform to all applicable laws of the state of Michigan and all information submitted is accurate to the best of my knowledge.				FAX NUMBER (Include Area Code)
SIGNATURE			DATE	

## Instructions for Application For Barrier Free Design Rule Exception

**Facility Information:** Provide all requested information. Mark the appropriate box (city, village or township) and state the name of the governmental subdivision where the project is located; not the post office location.

**Building Data:** This section must be completed and signed with a signature by the administrative authority responsible for issuing the building permit for this project. If this application is the result of a violation, previous exception, complaint or plan review by the State of Michigan, provide the appropriate permit or file number. List the reasons why an exception should be granted indicating all relative information pertaining to your request; e.g. structural difficulties, site conditions, reasonable alternative.

**Project Architect/Engineer:** A complete mailing address for the architect or engineer working on this project shall be entered. The services of an architect or engineer are required when compelling need is based on site, building or structural limitations.

**Applicant Information:** Provide all requested information as all correspondence will be sent to this address.

### Required Submittals for Exception Process

For each separate exception, submit completed application, \$500.00 application fee made payable to the **State of Michigan** and one (1) set of drawings or dimensioned sketches showing the area for the requested exception, the surrounding site, interior layout and any structural features that support the request. Plans and specifications shall have an **original seal and signature** in accordance with 1980 PA 299. For use group changes not involving construction, plans are not required to be sealed and signed.

### Upon Receipt of All Applications

A written acknowledgment will be sent to all parties listing the code sections that will be the basis for the detailed testimony at the hearing.

Under separate cover, the State Office of Administrative Hearings and Rules will send a notice regarding the date, time and place of the hearing. The Office of Hearings will conduct a fact-finding hearing in accordance with the Michigan Administrative Procedures Act. From this hearing, a report and recommendation will be forwarded to the Barrier Free Design Board for final action.

#### U.S. Postal Service

MI Dept. of Licensing and Regulatory Affairs  
Bureau of Construction Codes  
Plan Review Division  
P.O. Box 30255  
7150 Harris Drive  
Lansing, MI 48909

#### Courier Other Than U.S. Postal Service

MI Dept. of Licensing and Regulatory Affairs  
Bureau of Construction Codes  
Plan Review Division  
1st Floor Ottawa Bldg.  
611 W. Ottawa St.  
Lansing, MI 48913

Validation Area