



BASEMENT FINISH

ADDRESS _____ **DESCRIPTION** _____

PLANS: DENIED

APPROVED WITH NOTES

APPROVED

ADDITIONAL INFORMATION REQUIRED ON PLANS:

1. _____ TWO COMPLETE SETS OF PLANS WITH FLOOR PLAN AND SECTIONAL (ALL ROOMS LABELED)
2. _____ PRESSURE TREATED BOTTOM PLATE R319
3. _____ WALL CONSTRUCTION CHAPTER 6
 A. FIRE BLOCKING R 602.8
4. _____ INSULATION MI. ENERGY CODE
5. _____ CEILING A. TYPE
 B. HEIGHT
 C. DRAFTSTOPPING REQUIRED R502.12
6. _____ LITE AND VENTILATION R 303
7. _____ CHIMNEYS & FIREPLACES CHAPTER 10
8. _____ GAS FIRED APPLIANCE REQUIRES ACCESSIBLE SHUT OFF CHAPTER 24
9. _____ EMERGENCY ESCAPE AND RESCUE OPENINGS R310
10. _____ SMOKE DETECTORS R313
11. _____ SAFTY GLAZING (TEMP GLASS) R308
12. _____ OTHER _____

CALL AT LEAST ONE DAY IN ADVANCE--

I have read the above requirements, submitted all necessary information and agree to comply with all construction codes as required by the Building Department.

Signed _____ Date _____