



**DEVELOPMENT SERVICES
BUILDING DEPARTMENT**

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**DEFERRED DOCUMENTS
STATEMENT**

PROJECT NAME: _____

PROJECT ADDRESS: _____

BUILDING PERMIT #: _____

REFERENCE: Building Code Plan Review conditionally approved on _____

(to be filled by Building Department)

INSTRUCTIONS:

1. This statement must be completed by the Registered Design Professional in responsible charge (Architect &/or Engineer of Record) of the Project and accompany the final approved permit documents.
2. Deferred structural submittals shall have the seal, original handwritten signature and date of the Michigan Registered Design Professional who is responsible for preparing them (Section 106.1 of MBC-2006).
3. The Registered Design Professional in responsible charge of the Project shall review and accept each of the deferred submittals listed below and forward them to the Building Department with a notation that the documents have been reviewed and found to be in general conformance to the design of the building as required by Section 106.3.4.
4. The deferred submittals listed below must be submitted to the Building Department for plan review, and acceptance &/or approval, as soon as possible, after the issuance of the building permit.
5. The deferred submittal items shall not be installed until the design and submittal documents have been accepted &/or approved by the Building Department (Section 106.3.4.2). The Township accepted &/or approved plans must be on site for all field inspections.
6. As a condition of the building permit, the contractor shall have at the job site, a copy of all Shop Drawings related to these deferred structural items, for use by the Township's Field Inspector &/or the Special Inspectors. The cover sheet of the Shop Drawings shall have the general conformance statement (required by Section 106.3.4.2) signed and dated by the Registered Design Professional in responsible charge of the Project.

PLAN REVIEW ITEM NO.	DESCRIPTION OF DEFERRED ITEM

Name of Project Architect/Engineer of Record (print): _____

Authorized Signature: _____

Date: _____