**Is the project located in an Inpatient Health Care area (UH, CVC, MOTT or UH South), or is it a licensed freestanding surgical outpatient facility?**

- **No**
- **Yes**

**Is the project a 1:1 replacement of building components, OR routine maintenance, OR limited to modifications to non-rated walls and doors with no impact on means of egress, OR limited to hardware changes to an existing rated door?**

- **No**
- **Yes**

**Does the project modify (i.e., the THC sprinkler system) a fire suppression system shared with Inpatient Health Care area or with a licensed freestanding surgical outpatient facility?**

   - **No**
   - **Yes**

**Does the scope of work include modifications to the Fire alarm or Fire suppression system other than routine maintenance?**

   - **1:1 replacement**

**Does the project impact the Fire alarm or Fire suppression system, or move/modify the rating of fire rated, or smoke barrier, or corridor, walls, doors, shafts or floor/ceiling assemblies, OR means of egress?**

- **No**
- **Yes**

**Bureau of Fire Services Engineering Plan Review required**

**BFS Engineering Plan Review NOT required**

**Bureau of Fire Services Engineering Plan Review NOT required**

*Note: The title of the project on the BFS application must always read:
UNIV MICH HLTH SYS–UNIVERSITY HOSPITAL
UNIV MICH HLTH SYS–CARDIOVASCULAR CENTER
UNIV MICH HLTH SYS–CHILDRENS HOSPITAL
UNIV MICH HLTH SYS–UNIVERSITY HOSPITAL SOUTH

(Please note that the address on the form should always match the specific building’s address)