



# Department of Planning and Neighborhood Development

316 N. Capitol Ave., Suite C-1 – Lansing, MI 48933-1238 – (517) 483-4355 – Fax (517) 377-0169  
Brian McGrain, Director  
www.lansingmi.gov

Andy Schor, Mayor

## Building Safety Office

### Registered Design Professional Form

#### Registered Design Professional in Responsible Charge (DPRC)

In accordance with the section 107.3.4 MBC 2015, the **Project Owner** must designate the licensed architect or engineer who is the project's Registered Design Professional in Responsible Charge.

The designated architect/engineer must be a licensed professional, and is responsible for reviewing and coordinating all submittal documents prepared by consultants for compatibility with the building design. Documents may include: design/build submittals, deferred submittals, special inspections and structural observations.

**Project Address:** \_\_\_\_\_

**Project/Tenant Name:** \_\_\_\_\_

**COL Project #:** \_\_\_\_\_

#### Registered Design Professional in Responsible Charge

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

**License #** \_\_\_\_\_

**I accept the Responsibilities of DPRC:** Signature \_\_\_\_\_

#### Owner Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**As the PROJECT OWNER, I designate the above person as my registered professional for the project noted.**  
I understand that the architect/engineer designated shall be responsible for reviewing and coordinating all submittal documents prepared by others for the duration of the project. I also understand that I must provide written notification to the Building Official if my designee is changed.

\_\_\_\_\_  
**Owner Signature**

\_\_\_\_\_  
**Date**