



City Council Agenda Item Report

FROM: Luke Thompson, Director of Planning/Zoning

MEETING DATE: July 14, 2025

SUBJECT: Request for Annual Delegation of School Plan Review and Inspection Authority to the City of Saugatuck

DESCRIPTION:

Mark Neidlinger, on behalf of Saugatuck Public Schools, has submitted a request for the City of Saugatuck to assume authority for school plan review and inspection. This delegation would permit the City to perform these duties for a period of one year, in accordance with the provisions set forth in the Michigan Building Code and related state statutes.

The City's contracted building services provider, Michigan Township Services (MTS), has confirmed that all inspectors performing these functions are properly registered and qualified as required by the State of Michigan.

Per statutory requirements, the delegation must be approved by City Council. Attached to this memo is the necessary form for your consideration and approval.

LEGAL REVIEW:

The City Attorney will be available at your meeting to answer any questions you may have.

SAMPLE MOTIONS:

Motion to **approve** the Request for Annual Delegation of School Plan Review and Inspection Authority to the City of Saugatuck

Motion to **deny** the Request for Annual Delegation of School Plan Review and Inspection Authority to the City of Saugatuck

Request for Annual Delegation of School Plan Review and Inspection Authority to a Local Unit of Government Enforcing Agency
Michigan Department of Licensing and Regulatory Affairs
Bureau of Construction Codes
P.O. Box 30254, Lansing, MI 48909
Phone: 517-241-9313 / E-Mail: lara-bcc-buildingtrades@michigan.gov
www.michigan.gov/bcc

Authority: 1937 PA 306	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 the denial of your request.	

SCHOOL DISTRICT

NAME OF SCHOOL DISTRICT			COUNTY	
Saugatuck Public Schools			Allegan	
ADDRESS				
401 Elizabeth Street				
CITY	STATE	ZIP CODE	TELEPHONE NUMBER (Include Area Code)	FAX NUMBER (Include Area Code)
Saugatuck	MI	49453	(269) 857-1444	
PRIMARY CONTACT PERSON		TITLE	E-MAIL ADDRESS	
Mark Neidlinger		Superintendent	mneidlinger@saugatuckps.com	

Each local government enforcing agency in which facilities of the school district are located must complete this application attesting to the agreement with the information contained in this application. (Attach additional sheets if necessary)

LOCAL UNIT OF GOVERNMENT / CODE ENFORCING AGENCY

NAME OF LOCAL UNIT OF GOVERNMENT			COUNTY	
City of Saugatuck			Allegan	
ADDRESS				
102 Butler Street				
CITY	STATE	ZIP CODE	TELEPHONE NUMBER (Include Area Code)	FAX NUMBER (Include Area Code)
Saugatuck	MI	49453	(269) 857-2603	
PRIMARY CONTACT PERSON		TITLE	E-MAIL ADDRESS	

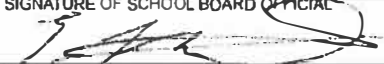
By checking the boxes below you are certifying the following:

- ☒ The governmental subdivision and the enforcing agency are qualified by experience or training to administer and enforce this act and the code and all related acts and rules
- ☒ Pursuant to MCL 388.851(b)(5) this form is to certify that full-time code officials, inspectors and plan reviewers registered under the skilled trades regulation act, 2016 PA 407, MCL339.5101 to 339.6133, will conduct plan reviews and inspections of school buildings.
- ☒ Agency personnel are provided as necessary
- ☒ Administrative services are provided
- ☒ Timely field inspection services will be provided
- ☒ Plan review services are provided

Certification by School District and Elected Government Official - In the sections below, provide the signature of the school board and the elected government official authorized to enforce construction codes in which school facilities are located. **Note:** A local government not authorized to enforce the state construction codes does not qualify for delegation of school plan review and inspection authority.

SIGNATURE AND CERTIFICATION OF SCHOOL BOARD PRESIDENT

I hereby certify the information contained in this application is accurate and that I am duly authorized to sign on behalf of the parties listed in this application. I further certify adherence to all applicable laws and rules under the delegation of authority.

NAME OF SCHOOL BOARD OFFICIAL (Please Print)	NAME OF LOCAL SCHOOL DISTRICT
Eric Birkholz, Treasurer	Saugatuck Public Schools
SIGNATURE OF SCHOOL BOARD OFFICIAL	DATE
	4/14/25

SIGNATURE AND CERTIFICATION OF LOCAL UNIT OF GOVERNMENT

I hereby certify the information contained in this application is accurate and that I am duly authorized to sign on behalf of the parties listed in this application. I further certify adherence to all applicable laws and rules under the delegation of authority.

NAME AND TITLE OF ELECTED GOVERNMENT OFFICIAL (Please Print)	NAME OF LOCAL UNIT OF GOVERNMENT
SIGNATURE OF ELECTED GOVERNMENT OFFICIAL	DATE