



CITY OF BLOOMFIELD HILLS  
45 E. Long Lake Rd.  
Bloomfield Hills MI 48304  
Phone (248) 644-1520 Fax (248) 644-4813  
www.bloomfieldhillsmi.net

## **PERMIT APPLICATION FOR GENERATORS AND AIR CONDITIONERS**

*(REQUIRED APPLICATION IF THERE ARE NO ACTIVE BUILDING PERMITS AT THIS PROPERTY)*

**REQUIRED CHECKLIST: ALL OF THE FOLLOWING MUST BE SUBMITTED WITH THE APPLICATION OR IT WILL BE RETURNED TO YOU TO MAKE CORRECTIONS OR SUPPLY REQUIRED DOCUMENTS.**

- **Property Owner's Signature on Application (Will accept Property Owner signed contract but prefer signature on application)**
- **Fully completed application**
- **Copy of State License (Builder's, Mechanical, Electrical)**
- **Copy of State Driver's License**
- **Site Plan – MUST Contain the Following Information:**
  - a. **Location of the Structure on the Property**
  - b. **Location of the Proposed Unit(s) With the Distance From the Structure to the Unit**
  - c. **Screening For the Unit Including Type of Screening, Height and Location**
  - d. **Location of the Closest Property Line to the Proposed Unit**
- **A copy of the Manufacturer's Specifications for the proposed unit which must contain the decibel level of the unit for ordinance compliance.**

**Site Plan MUST show the location of the property lines. They cannot be hand drawn. A mortgage survey, boundary survey, or Oakland County Property Gateway**

**(<https://gis.oakgov.com/PropertyGateway/Home.mvc>) aerial shot with the property line overlay will be accepted.**

**Application fees (application, plan review and registration) must be paid at the time of application submission. If application is submitted as a result of working without a permit an investigation fee will be required at time of application as well.**

**ABOVE CHECKLIST ITEMS WILL BE CHECKED AT THE COUNTER AT TIME OF SUBMISSION. IF ALL REQUIRED DOCUMENTS ARE NOT INCLUDED OR APPLICATION IS NOT FULLY COMPLETED EVERYTHING WILL BE RETURNED TO YOU.**



*City of Bloomfield Hills*

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 Bloomfield Hills, Michigan 48304-2322  
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**GENERATOR AND AIR CONDITIONER PERMIT  
 APPLICATION**

**APPLICANT TO COMPLETE ALL ITEMS IN SECTION I, II, III & IV  
 NOTE: A COPY OF CONTRACT WITH HOMEOWNER MUST BE ATTACHED**

**I. PROJECT INFORMATION**

PROJECT NAME		ADDRESS	
CITY		ZIP CODE	

**II. IDENTIFICATION**

**A. OWNER OR LESSEE**

NAME		ADDRESS	
CITY	STATE	ZIP CODE	TELEPHONE NUMBER ( )

**B. CONTRACTOR**

NAME		ADDRESS	
CITY	STATE	ZIP CODE	TELEPHONE NUMBER ( )

CELL NUMBER ( )	E-MAIL ADDRESS	LICENSE NUMBER	EXPIRATION DATE
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WORKERS COMP INSURANCE CARRIER OR REASON FOR EXEMPTION (PROVIDE COPY OF CERTIFICATE WITH FIRST ANNUAL REGISTRATION)

MESC EMPLOYER NUMBER OR REASON FOR EXEMPTION (PROVIDE COPY OF CERTIFICATE WITH FIRST ANNUAL REGISTRATION)

LIABILITY INSURANCE CARRIER: (PROVIDE COPY OF CERTIFICATE WITH FIRST ANNUAL REGISTRATION)

FEDERAL EMPLOYER ID NUMBER OR REASON FOR EXEMPTION:

REGISTERED AGENT NAME FOR CORPORATION OR LLC:

REGISTERED AGENT ADDRESS IF DIFFERENT FROM LICENSEE:

Mechanical permit by:

Electrical permit by:

**III. APPLICANT INFORMATION**

APPLICANT IS RESPONSIBLE FOR THE PAYMENT OF ALL FEES AND CHARGES APPLICABLE TO THIS APPLICATION AND COMPLIANCE WITH ALL APPLICABLE CODE PROVISIONS

NAME		TELEPHONE NUMBER ( )	
ADDRESS	CITY	STATE	ZIP CODE

FEDERAL I.D. NUMBER/SOCIAL SECURITY NUMBER

**As the PROPERTY owner of record, I hereby authorize the proposed construction noted on this application.**

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**HOMEOWNER AFFIDAVIT**

I hereby certify the work described on this permit application shall be completed **by myself in my own home** in which I am living or about to occupy. All work shall be completed and/or installed in accordance with the State Building Code and **shall not be** put into use until it has been **inspected and approved** by the Building Inspector. I will cooperate with the Building Inspector and assume the responsibility to arrange for necessary inspections.

Section 23a of the state construction code act of 1972, 1972 PA 230, MCL 125.1523A, prohibits a person from conspiring to circumvent the licensing requirements of this state relating to persons who are to perform work on residential building or a residential building or residential structure. Violators of Section 23a are subjected to civil fines.

**IV. APPLICANT'S SIGNATURE**

**SIGNATURE OF APPLICANT** (Homeowner signature indicates compliance with the Homeowner Affidavit) \_\_\_\_\_ Date \_\_\_\_\_

**V. VALIDATION – FOR DEPARTMENT USE ONLY**

USE GROUP \_\_\_\_\_ RESIDENTIAL \_\_\_\_\_ BASE FEE (MIN. PERMIT FEE): \_\_\_\_\_

BOND AMOUNT: \_\_\_\_\_

APPROVAL SIGNATURE

TITLE **Building Official** \_\_\_\_\_ DATE \_\_\_\_\_

