



## *City of Bloomfield Hills*

45 E. Long Lake Road  
Bloomfield Hills, Michigan 48304-2322  
Phone (248) 644-1520 Fax (248)644-4813  
[www.bloomfieldhillsmi.net](http://www.bloomfieldhillsmi.net)

### **BUILDING DEPARTMENT REQUIREMENTS FOR DECK CONSTRUCTION**

#### **PLANS**

- 3 SETS OF **FOLDED** Construction drawings. **IT IS STRONGLY SUGGESTED THAT YOU CONSULT THE DOCUMENT TITLED “Wood Deck Construction Guide” AS WE HAVE ADOPTED AND WILL ENFORCE THE REQUIREMENTS SPECIFIED THEREIN.**
- SITE PLAN (3 copies) THAT DEPICTS EXISTING AND PROPOSED GRADES AT ALL NEW CORNERS AND INTERSECTIONS WITH THE EXISTING STRUCTURE. **THIS MUST ALSO SHOW ALL SETBACKS FROM PROPERTY LINES.**
- **COMPLETED APPLICATION WITH COPY OF BUILDER’S & DRIVER’S LICENSES.**
- **Make sure that the property owner of record signs the application or you provide a copy of your signed contract.**

**\*\*\*ALL APPLICABLE FEES (APPLICATION, PLAN REVIEW AND REGISTRATION) MUST BE PAID AT THE TIME OF SUBMISSION. (IF THIS APPLICATION IS SUBMITTED AS A RESULT OF AN INVESTIGATIVE ACTION FOR WORKING WITHOUT A PERMIT, THEN THE INVESTIGATION FEE IS ALSO REQUIRED AT TIME OF APPLICATION.) PLEASE REFER TO THE PUBLISHED FEE SCHEDULE ON OUR WEB PAGES\*\*\***

### **COMPLETE PACKETS ARE REQUIRED AT TIME OF SUBMISSION. PARTIAL SUBMISSIONS WILL NOT BE ACCEPTED**

A sedimentation control permit is required for single family home construction and many larger addition projects. Verify this requirement with the City of Bloomfield Hills. This permit (or verification of a permit not being required) MUST be submitted prior to issuance of a building permit. **COMPLETE “H” ON PAGE 4.**

The permit is obtained from: The City of Bloomfield Hills  
45 E. Long Lake Rd.  
Bloomfield Hills, MI 48304  
Telephone: (248) 644-1520



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## DECK PERMIT AND PLAN REVIEW APPLICATION

**\*\*\*Copies of your builder's and driver's licenses ARE required with every application submitted.\*\*\***

AUTHORITY: 1972 PA 230  
COMPLETION: MANDATORY TO OBTAIN PERMIT  
PENALTY: PERMIT WILL NOT BE ISSUED

**Applicant to complete all items in Sections I, II, III, IV, V, VI & VII**

I. PROJECT INFORMATION			
PROJECT NAME		ADDRESS	
CITY		ZIP CODE	
II. IDENTIFICATION			
A. OWNER OR LESSEE			
NAME		ADDRESS	
CITY	STATE	ZIP CODE	TELEPHONE NUMBER (     )
B. ARCHITECT, ENGINEER OR PLAN DESIGNER			
NAME		ADDRESS	
CITY	STATE	ZIP CODE	TELEPHONE NUMBER (     )
LICENSE NUMBER		EXPIRATION DATE	
C. LICENSEE			
NAME		ADDRESS	
QUALIFYING OFFICER (IF CORPORATION):			
CITY	STATE	ZIP CODE	TELEPHONE NUMBER (     )
CELL NUMBER (     )	E-MAIL ADDRESS		FAX NUMBER (     )
BUILDER'S LICENSE NUMBER:	EXPIRATION DATE:		
QUALIFYING OFFICER LICENSE NUMBER:			
FEDERAL EMPLOYER ID NUMBER OR REASON FOR EXEMPTION:			
REGISTERED AGENT NAME FOR CORPORATION OR LLC:			
REGISTERED AGENT ADDRESS IF DIFFERENT FROM LICENSEE:			

WORKERS COMP INSURANCE CARRIER OR REASON FOR EXEMPTION (PROVIDE COPY OF CERTIFICATE WITH FIRST ANNUAL REGISTRATION)					
MESC EMPLOYER NUMBER OR REASON FOR EXEMPTION 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)					
<b>III. TYPE OF IMPROVEMENT AND PLAN REVIEW</b>					
<b>A. TYPE OF IMPROVEMENT</b>					
<input type="checkbox"/> RESIDENTIAL	<input type="checkbox"/> NEW BUILDING	<input type="checkbox"/> ALTERATION			
<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> ADDITION	<input type="checkbox"/> REPAIR			
<b>B. REVIEW(S) TO BE PERFORMED (please circle)</b>					
<b>BUILDING</b>					
<b>IV. PROPOSED USE OF BUILDING</b>					
<b>A. RESIDENTIAL</b>					
DESCRIBE IN DETAIL PROPOSED USE OF BUILDING AND/OR WORK TO BE DONE.					
<b>EXTERIOR DECK, SIZE AND LOCATION:</b>					
<b>V. SELECTED CHARACTERISTICS OF BUILDING</b>					
<b>A. PRINCIPAL TYPE OF FRAME</b>					
<input type="checkbox"/> MASONRY, WALL BEARING	<input type="checkbox"/> WOOD FRAME	<input type="checkbox"/> STRUCTURAL STEEL	<input type="checkbox"/> REINFORCED CONCRETE	<input type="checkbox"/> OTHER	
<b>B. PRINCIPAL TYPE OF HEATING FUEL</b>					
<input type="checkbox"/> GAS	<input type="checkbox"/> OIL	<input type="checkbox"/> ELECTRICITY	<input type="checkbox"/> COAL	<input type="checkbox"/> OTHER	
<b>C. TYPE OF SEWAGE DISPOSAL</b>					
<input type="checkbox"/> PUBLIC OR PRIVATE COMPANY		<input type="checkbox"/> SEPTIC SYSTEM			
<b>D. TYPE OF WATER SUPPLY</b>					
<input type="checkbox"/> PUBLIC OR PRIVATE COMPANY		<input type="checkbox"/> PRIVATE WELL OR CISTERN			
<b>E. TYPE OF MECHANICAL</b>					
WILL THERE BE AIR CONDITIONING? <input type="checkbox"/> YES <input type="checkbox"/> NO		WILL THERE BE FIRE SUPPRESSION? <input type="checkbox"/> YES <input type="checkbox"/> NO			
<b>F. DIMENSIONS/DATA</b>					
NUMBER OF STORIES	_____	FLOOR AREA:	<u>EXISTING</u>	<u>ALTERATIONS</u>	<u>NEW</u>
USE GROUP	_____	LOWER LEVEL	_____	_____	_____
CONST. TYPE	_____	UPPER LEVEL	_____	_____	_____
# OF OCCUPANTS	_____		_____	_____	_____
<b>COST OF CONSTRUCTION</b>	_____	TOTAL S.F.	_____	_____	_____

<b>G. MUEC Energy Code DOES NOT APPLY TO THIS CONSTRUCTION</b>			
<b>H. Sedimentation Control Permit (check one):</b> <input type="checkbox"/> Not required <input type="checkbox"/> Applied, delayed submittal <input type="checkbox"/> Included, attached			
<b>VI. APPLICANT INFORMATION</b>			
APPLICANT IS RESPONSIBLE FOR THE PAYMENT OF ALL FEES AND CHARGES APPLICABLE TO THIS APPLICATION AND MUST PROVIDE THE FOLLOWING INFORMATION.			
NAME		TELEPHONE NUMBER (     )	
ADDRESS	CITY	STATE	ZIP CODE
FEDERAL I.D. NUMBER/SOCIAL SECURITY NUMBER			
APPLICATION AND PLAN REVIEW FEE ENCLOSED: \$			
<b>As the property owner of record, I hereby authorize the proposed construction noted on this application.</b>			
Print Name _____		Signature _____	Date _____
<b>HOMEOWNER AFFIDAVIT</b>			
I hereby certify the work described on this permit application shall be completed <b>by myself in my own home</b> 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 <b>shall not be</b> put into use until it has been <b>inspected</b> and <b>approved</b> 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.			
<b>VII. APPLICANT'S SIGNATURE</b>			
(Applicant acknowledges that information on this application is subject to verification by our code enforcement officer)			
SIGNATURE (Homeowner signature indicates compliance with Homeowner Affidavit)		DATE:	
<b>VIII. VALIDATION – FOR DEPARTMENT USE ONLY</b>			
USE GROUP _____	BASE FEE _____		
TYPE OF CONSTRUCTION _____	NUMBER OF INSPECTIONS _____		
SQUARE FEET _____			
APPROVAL SIGNATURE			
Larry Rospierski, BUILDING OFFICIAL		DATE	