



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

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

1. COPY OF CONTRACT WITH HOMEOWNER or HOMEOWNER'S SIGNATURE ON THE APPLICATION.
2. COMPLETED APPLICATION WITH COPY OF OF BUILDER'S (or M& A Contractor) & DRIVER'S LICENSE
3. A SITE PLAN THAT SHOWS:
 - a. Location of the structure on the property;
 - b. The location of the proposed unit(s), indicating both the distance from the structure and distance from the affected property lines;
 - c. Proposed screening for the unit(s), including type and height.
4. A COPY OF THE MANUFACTURER'S SPECIFICATIONS THAT CERTIFIES THE DECIBEL (Db) FOR THE PROPOSED INSTALLATION.

**ALL FEES AND THE PERMIT BOND
MUST BE PAID AT TIME OF APPLICATION.
REFER TO OUR PUBLISHED SCHEDULE FOR THE
APPLICABLE ASSESSMENTS**



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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
FEDERAL EMPLOYER ID NUMBER OR REASON FOR EXEMPTION					
WORKERS COMP INSURANCE CARRIER OR REASON FOR EXEMPTION					
MESC EMPLOYER NUMBER OR REASON FOR EXEMPTION					
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 ()	
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ADDRESS	CITY	STATE	ZIP CODE
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FEDERAL I.D. NUMBER/SOCIAL SECURITY NUMBER

As the 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 _____ BASE FEE (MIN. PERMIT FEE): _____
BOND AMOUNT: _____

APPROVAL SIGNATURE _____

TITLE Building Official	DATE
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