



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

BUILDING DEPARTMENT REQUIREMENTS FOR RESIDENTIAL NEW CONSTRUCTION, ADDITONS AND RENOVATIONS

NEW CONSTRUCTION

- 4 SETS OF FOLDED PLANS (INCLUDING GRADING PLANS)
 - All plans submitted for approval shall show square footage per floor, including lower level & garage, as computed by plan author.
- CODE ACCEPTED DOCUMENTS TO SHOW COMPLIANCE WITH MICHIGAN ENERGY CODE
- COMPLETE APPLICATION WITH COPY OF BUILDER'S & DRIVER'S LICENSES
 - MUST INCLUDE APPLICATION FEE, PLAN REVIEW FEE AND CONSULTANT ESCROW

ADDITIONS

- 4 SETS OF FOLDED PLANS (WITH SITE PLAN THAT DEPICTS EXISTING AND PROPOSED GRADES AT ALL CORNERS OF THE ADDITION)
- 4 ADDITIONAL SETS OF GRADING PLANS IF THE COMBINED TOTAL OF ADDED SPACE ON THE GROUND LEVEL IS 600 SQUARE FEET OR LARGER
- COMPLETED APPLICATION WITH COPY OF BUILDER'S & DRIVER'S LICENSES
 - MUST INCLUDE APPLICATION FEE, PLAN REVIEW FEE AND CONSULTANT ESCROW

RENOVATIONS AND INTERIOR ALTERATIONS

- 3 SETS OF FOLDED PLANS
- COMPLETED APPLICATION WITH BUILDER'S & DRIVER'S LICENSES

*** PLEASE REFER TO THE PUBLISHED SCHEDULE FOR THE CURRENT FEES REQUIRED FOR ALL SUBMITTALS***

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

As of November 2003, Oakland County Drain Commission requires that a sedimentation control permit be obtained before any building permit is issued. It is beneficial that you make application as soon as possible, so that we may have it in the office when your building permit is ready.

The permit is obtained from: Oakland County Drain Commission
Soil Erosion Unit
Building #95 West
One Public Works Drive
Waterford, MI 48328-1907

Telephone # 248-858-5389



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**RESIDENTIAL BUILDING
 PERMIT AND PLAN
 REVIEW APPLICATION**

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

*****A copy of your builder's and driver's licenses
 are required with every application submitted.*****

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

Note: Separate Applications Must Be Completed for Plumbing, Mechanical, and Electrical Work Permits

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 OR ENGINEER			
NAME		ADDRESS	
CITY	STATE	ZIP CODE	TELEPHONE NUMBER ()
JOB/PLAN NUMBER & DATE:			E-Mail Address
C. LICENSEE			
NAME		ADDRESS	
CITY	STATE	ZIP CODE	TELEPHONE NUMBER ()
CELL NUMBER ()	E-MAIL ADDRESS		FAX NUMBER ()
License Number	EXPIRATION DATE:		Type of License
FEDERAL EMPLOYER ID NUMBER OR REASON FOR EXEMPTION			
WORKERS COMP INSURANCE CARRIER OR REASON FOR EXEMPTION			
MESC EMPLOYER NUMBER OR REASON FOR EXEMPTION			

III. TYPE OF IMPROVEMENT AND PLAN REVIEW				
A. TYPE OF IMPROVEMENT				
<input type="checkbox"/> New, Single Family Home	<input type="checkbox"/> Addition(s)		<input type="checkbox"/> Interior Alterations	
	<input type="checkbox"/> Exterior Alterations		<input type="checkbox"/> Detached Structure	
B. REVIEW(S) TO BE PERFORMED (please circle)				
BUILDING	ELECTRICAL	MECHANICAL	PLUMBING	
IV. PROPOSED USE OF BUILDING				
A. RESIDENTIAL APPLICATIONS:				
<input type="checkbox"/> ONE FAMILY				
<input type="checkbox"/> TWO OR MORE FAMILY # OF UNITS _____		<input type="checkbox"/> OTHER _____		
DESCRIBE IN DETAIL THE WORK PROPOSED IF NOT A NEW, SINGLE-FAMILY HOME:				

V. SELECTED CHARACTERISTICS OF BUILDING				
A. PRINCIPAL TYPE OF CONSTRUCTION				
<input type="checkbox"/> MASONRY, WALL BEARING	<input type="checkbox"/> WOOD FRAME	<input type="checkbox"/> STRUCTURAL STEEL	<input type="checkbox"/> REINFORCED CONCRETE	<input type="checkbox"/> ICF
B. PRINCIPAL TYPE OF HEATING FUEL				
<input type="checkbox"/> GAS	<input type="checkbox"/> OIL	<input type="checkbox"/> ELECTRICITY	<input type="checkbox"/> COAL	<input type="checkbox"/> OTHER
C. TYPE OF SEWAGE DISPOSAL				
<input type="checkbox"/> PUBLIC OR PRIVATE COMPANY		<input type="checkbox"/> SEPTIC SYSTEM		
D. TYPE OF WATER SUPPLY				
<input type="checkbox"/> PUBLIC OR PRIVATE COMPANY		<input type="checkbox"/> PRIVATE WELL OR CISTERN		
E. TYPE OF MECHANICAL				
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		
F. DIMENSIONS/DATA				
NUMBER OF STORIES _____	FLOOR AREA:	<u>EXISTING</u>	<u>ALTERATIONS</u>	<u>NEW</u>
USE GROUP _____	LOWER LEVEL	_____	_____	_____
CONST. TYPE _____	FIRST FLOOR	_____	_____	_____
# OF OCCUPANTS _____	SECOND FLOOR	_____	_____	_____
COST OF CONSTRUCTION _____	THIRD FLOOR	_____	_____	_____
	TOTAL AREA	_____	_____	_____

VI. 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 owner of record, I hereby authorize the proposed construction noted on this application.			
Print Name _____		Signature _____	Date _____
OR: 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.			
VII. APPLICANT'S SIGNATURE			
SIGNATURE (Homeowner signature indicates compliance with Homeowner Affidavit) _____		DATE: _____	
VIII. VALIDATION – FOR DEPARTMENT USE ONLY			
USE GROUP _____	BASE FEE _____		
TYPE OF CONSTRUCTION _____	NUMBER OF INSPECTIONS _____		
SQUARE FEET _____			
APPROVAL SIGNATURE _____			
TITLE Building Official		DATE _____	