



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

SUBMISSION REQUIREMENTS FOR DEMOLITION PERMIT

1. SHUT-OFF NOTICES FROM:

OAKLAND COUNTY WATER & SEWER
CONSUMER ENERGY
DETROIT EDISON

2. COPY OF CONTRACT WITH HOMEOWNER or HOMEOWNER'S SIGNATURE ON THIS APPLICATION.

3. COMPLETED APPLICATION

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

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



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

RESIDENTIAL DEMOLITION PERMIT APPLICATION

APPLICANT TO COMPLETE ALL ITEMS IN SECTION I, II, III & IV
NOTE: WATER, SEWER, ELECTRIC, AND GAS SHUT-OFFS MUST BE ATTACHED
ALONG WITH A COPY OF CONTRACT WITH HOMEOWNER

I. PROJECT INFORMATION

Description of Structure(s) to be Demolished:	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 ()	Fax Number:	LICENSE NUMBER	EXPIRATION DATE

E-Mail Address:

WORKERS COMP INSURANCE CARRIER OR REASON FOR EXEMPTION

MESC EMPLOYER NUMBER OR REASON FOR EXEMPTION

FEDERAL EMPLOYER ID NUMBER OR REASON FOR EXEMPTION

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

As the owner of record, I hereby authorize the proposed demolition 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 on my own home** in which I was living or about to occupy. All work shall be completed and/or installed in accordance with the State Building Code and **shall be 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 Homeowner Affidavit)

Date _____

V. VALIDATION – FOR DEPARTMENT USE ONLY

USE GROUP _____

Base Fee: _____

INSPECTIONS : **Open Hole & Final**

Bond Amount: _____

APPROVAL SIGNATURE

TITLE

Building Official

DATE