



**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

**RENOVATION – RESIDENTIAL  
BUILDING PERMIT & PLAN REVIEW APPLICATION**

**The following are required for submittal:**

**I. Documents**

- Completed Building Permit & Plan Review Application
- Completed Construction Schedule (Attached to Application)
- Copy of Contractor’s License and photo I.D.

**II. Building plans**

- (1) complete set of electronic building plans emailed to [building@bloomfieldhillsmi.net](mailto:building@bloomfieldhillsmi.net)

Plan Notes:

- All plans shall include square footage per floor, including lower level and garages, as calculated by the plan author. Complete structural plans are required at the time of submittal for New Construction permits.
- Signed and sealed plans are required for all projects where the primary structure usable square footage (including existing) is 3500 square feet or more.

**III. Fees (Cash or Check made payable to City of Bloomfield Hills, Credit Card payments accepted, access fees apply)**

- Application fee - \$100
- Plan review deposit - \$100 (balance due upon permit issuance)
- Escrow - \$5,000

**IV. Submit all applications, plans and checklists electronically to [building@bloomfieldhillmi.net](mailto:building@bloomfieldhillmi.net)**

**V. Estimated Date of Project Completion \_\_\_\_\_**



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<p align="center"><b>BUILDING PERMIT AND PLAN REVIEW APPLICATION RENOVATION – RESIDENTIAL</b></p>
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<b>I. PROJECT INFORMATION</b>			
ADDRESS and PROPERTY ZONING DISTRICT			
<b>II. IDENTIFICATION</b>			
<b>A. OWNER</b>			
NAME		ADDRESS	
CITY	STATE	ZIP CODE	CELL NUMBER
EMAIL ADDRESS			
<b>B. ARCHITECT OR ENGINEER</b>			
NAME		ADDRESS	
CITY	STATE	ZIP CODE	CELL NUMBER
EMAIL ADDRESS			
LICENSE NUMBER		EXPIRATION DATE	
<b>C. CONTRACTOR</b>			
NAME		ADDRESS	
CITY	STATE	ZIP CODE	
EMAIL ADDRESS			
OFFICE NUMBER	CELL NUMBER		FAX NUMBER
FEDERAL EMPLOYER ID NUMBER		REGISTERED AGENT NAME IF DIFFERENT THAN LICENSEE	
WORKERS COMP INSURANCE CARRIER		MESC EMPLOYER NUMBER	

**DESCRIBE PROPOSED WORK:**

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**TYPE OF FRAME:**

- MASONRY, WALL BEARING     WOOD FRAME     STRUCTURAL STEEL     REINFORCED CONCRETE     OTHER

**TYPE OF HEATING:**

- GAS     OIL     ELECTRICITY     COAL     OTHER

**TYPE OF SEWAGE DISPOSAL:**

- PUBLIC OR PRIVATE COMPANY     SEPTIC SYSTEM

**TYPE OF WATER SUPPLY:**

- PUBLIC OR PRIVATE COMPANY     PRIVATE WELL OR CISTERN

WILL THERE BE AIR CONDITIONING?     YES     NO

WILL THERE BE FIRE SUPPRESSION?     YES     NO

**DIMENSIONS/DATA**

NUMBER OF STORIES \_\_\_\_\_

USE GROUP \_\_\_\_\_

CONST. TYPE \_\_\_\_\_

# OF OCCUPANTS \_\_\_\_\_

TOTAL COST OF CONSTRUCTION FOR PROJECT \_\_\_\_\_

EXISTING SQ. FT.

ALTERATION SQ. FT.

NEW SQ. FT.

TOTAL AREA                      \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_

**IV. APPLICANT INFORMATION**

I certify the use of this property as proposed with this building permit application is compliant with the permitted zoning uses for this property and zoning district under the Bloomfield Hills City Code.

Signature of Applicant / Contractor \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

**AS THE OWNER OF RECORD, I HEREBY AUTHORIZE THE PROPOSED CONSTRUCTION NOTED ON THIS APPLICATION.**

Signature of Property Owner \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

**V. HOMEOWNER AFFIDAVIT (Sign only if permit is applied for by the homeowner)**

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.

Signature of Homeowner \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_