



**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)

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

**The following are required for a complete submittal:**

**I. Documents**

- Completed Building Permit & Plan Review Application
- Completed Construction Schedule (Attached to the Application)
- Completed Soil Erosion & Sedimentation Control Permit Application
- Copy of Contractor's License and Photo I.D.

**II. Building plans (select one)**

- (1) set of site plan, and all required documents, emailed to [building@bloomfieldhillsmi.net](mailto:building@bloomfieldhillsmi.net)

**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)

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



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<p align="center"><b>BUILDING PERMIT AND PLAN REVIEW APPLICATION DEMOLITION – 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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Total Cost of Construction for Project \_\_\_\_\_

**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 \_\_\_\_\_



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## Construction Schedule

*Please draft a tentative construction schedule below, or attach a spreadsheet*



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## **SOIL EROSION AND SEDIMENTATION CONTROL PLAN REQUIREMENTS**

Pursuant to Rule 1703 promulgated under Part 91, all SESC plans must contain, at a minimum, the following information:

1. A soils survey or a written description of the exposed land area contemplated for the earth change including predominant land features and soil types.
2. Details for proposed earth changes, including:
  - A. A description and the location of the physical limits of each proposed earth change.
  - B. A description and the location of all existing and proposed on-site drainage and dewatering facilities.
  - C. The timing and sequence of each proposed earth change.
  - D. A description and the location of all proposed permanent or temporary soil erosion and sediment control measures.
  - E. A program proposal for the continued maintenance of all temporary and permanent soil erosion and sediment control facilities that remain after project completion, including the designation of the person responsible for the maintenance. Maintenance responsibilities shall become part of any sales or exchange agreement for the land on which the permanent soil erosion control measures are located.
3. A boundary line survey or legal description of the land on which the work is to be performed.
4. A plan of the site at a scale of not more than 40 feet to the inch showing:
  - A. Name, address, and telephone number of the landowner or designated agent.
  - B. Name and contact information of individual who prepared the soil erosion and sedimentation control plan.
  - C. Legal description of the site.
  - D. Existing topography at a maximum of five (5) foot contour intervals.
  - E. Identify soil type and data information on the plan.
  - F. Identify ultimate drainage outlet.
  - G. Proposed topography at a maximum of five (5) foot contour intervals.
  - H. Location of any structure or natural feature on site.
  - I. Location of any structure or natural feature on the land adjacent to the site within 50 feet of the site boundary line.
  - J. Location of any proposed additional structures or development on the site.
  - K. The proximity of any proposed earth change to lakes, drains, wetlands or streams.
5. Other information as requested, including but not limited to, the location of stockpiles, access to site, tracking protection, location of storm inlets and traffic routes.

**AT TIME OF APPLICATION FOR YOUR PROJECT, SUBMIT THREE SETS OF PLANS THAT MEET THE REQUIREMENTS ABOVE. INCLUDE WITH YOUR APPLICATION THE APPLICATION FEE OF \$100 AND A PLAN REVIEW FEE DEPOSIT OF \$50.**



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### **SITE PRIORITIZATION MATRIX**

This matrix is intended to provide an overview for how sites are prioritized for SESC Inspections in the City of Bloomfield Hills. The City does reserve the right, however, to use additional criteria (such as soil type, slope, type of resource at risk, and past performance of the permit holder) as mitigating circumstances when deciding whether a site is Major, Minor or Very Low priority.

At a minimum, ALL sites will be inspected prior to permit issuance and prior to permit termination or expiration. Site Prioritization Matrix:

- (1) **MAJOR DEVELOPMENT**: Involves earth disturbance of 5 acres or greater or has a direct connection to (immediately adjacent to or point source discharge to) surface waters or adjacent property. Inspection conducted at least one time every two weeks of an open permit.
- (2) **MINOR DEVELOPMENT**: Involves earth disturbance one acre of land up to five acres of land or is within 500 feet of Waters of the State. Inspection conducted at least one time every month of an open permit.
- (3) **MINOR PROJECTS**: Involves earth disturbance under ONE acre and there is no direct connection to surface water or adjacent property. Inspections conducted at least one time every two months of an open permit.
- (4) **VERY LOW PRIORITY**: Earth disturbance is under 0.5 acres with no highly erodible soils or slopes. There is no direct connection to surface water or adjacent property. There is greater than 100' of dense vegetation between the earth disturbance and the property boundary. Inspections conducted prior to permit issuance and at termination only.

**Note: Inspection frequency may also increase at the enforcing agency's discretion, especially when necessitated by rain events.**



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**Soil Erosion & Sedimentation  
 Control  
 Permit Application for Part 91**

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

<b>I. APPLICANT</b> (Circle one: Landowner Registered Agent )			
NAME		ADDRESS	
CITY		STATE	ZIP CODE
TELEPHONE NUMBER (      )			
<b>II. LOCATION</b>		<b>COUNTY: OAKLAND</b>	
SECTION	TOWN	RANGE	<b>CITY OF BLOOMFIELD HILLS</b>
SUBDIVISION		LOT #	PARCEL ID
STREET ADDRESS			
<b>III. PROPOSED EARTH CHANGE</b> (Circle one: Residential Commercial/Business Institutional )			
DESCRIBE THE PROJECT			
SIZE OF PROJECT (PLEASE SPECIFY THE NUMBER OF ACRES OR SQUARE FEET)			
NAME AND DISTANCE TO CLOSEST LAKE, STREAM OR DRAIN			
PROJECT START DATE		ESTIMATED COMPLETION DATE	
<b>IV. SOIL EROSION &amp; SEDIMENTATION CONTROL PLAN</b> (REFER TO RULE 323.1703)			
<b>SUBMIT THREE (3) SETS OF PLANS WITH THIS APPLICATION</b>			
ESTIMATE COST OF CONTROLS			
PLAN PREPARER'S NAME		TELEPHONE NUMBER (      )	
<b>V. PARTIES RESPONSIBLE FOR EARTH CHANGE</b>			
LANDOWNER		ADDRESS	
CITY		STATE	ZIP CODE
TELEPHONE NUMBER (      )			



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RESPONSIBLE PARTY ON SITE		COMPANY NAME	
CITY		STATE	ZIP CODE
TELEPHONE NUMBER (     )		EMAIL ADDRESS	
<b>VI. PERFORMANCE DEPOSIT (IF REQUIRED BY PERMITTING AGENCY)</b>			
AMOUNT \$            .00      CASH      CERTIFIED CHECK      IRREVOCABLE LETTER OF CREDIT      SURETY BOND			
NAME OF SURETY COMPANY			
ADDRESS			
CITY		STATE	ZIP CODE
TELEPHONE NUMBER (     )		FAX NUMBER (     )	
<b>I (WE) AFFIRM THAT THE ABOVE INFORMATION IS ACCURATE AND THAT I (WE) WILL CONDUCT THE ABOVE DESCRIBED EARTH CHANGE IN ACCORDANCE WITH PART 91, SOIL EROSION AND SEDIMENTATION CONTROL, OF THE NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION ACT, 1994 PA 451, AS AMENDED, APPLICABLE LOCAL ORDINANCES, AND THE DOCUMENTS THAT ACCOMPANY THIS APPLICATION.</b>			
LANDOWNER SIGNATURE – PROVIDE COPY OF STATE APPROVED PHOTO ID			
LANDOWNER'S PRINTED NAME		DATE	
DESIGNATED AGENT'S SIGNATURE – PROVIDE COPY OF STATE APPROVED PHOTO ID			
AGENT'S PRINTED NAME		DATE	
<b>AS LANDOWNER OF RECORD, I (WE) AUTHORIZE THE DESIGNATED AGENT SHOWN ABOVE TO SECURE A PERMIT IN MY (OUR) NAME</b>			
LANDOWNER SIGNATURE – PROVIDE COPY OF STATE APPROVED PHOTO ID			
LANDOWNER'S PRINTED NAME		DATE	
<b>VII. APPLICATION APPROVED BY CERTIFIED PLAN REVIEWER</b>			
SIGNATURE			
PRINTED NAME		DATE	