



*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*

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

*(Required application if there are no active Building permits at this property)*

**REQUIREMENTS (INCLUDED WITH APPLICATION):**

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.

**PARTIAL SUBMITTALS WILL NOT BE ACCEPTED. YOU MUST PROVIDE ITEMS 1-4 ABOVE AT TIME OF APPLICATION.**

**\*\*\*ALL APPLICABLE FEES (APPLICATION, PLAN REVIEW AND REGISTRATION) MUST BE PAID AT THE TIME OF SUBMISSION. (IF THIS APPLICATION IS SUBMITTED AS A RESULT OF AN INVESTIGATIVE ACTION FOR WORKING WITHOUT A PERMIT, THEN THE INVESTIGATION FEE IS ALSO REQUIRED AT TIME OF APPLICATION.)**

**PLEASE REFER TO THE PUBLISHED FEE SCHEDULE ON OUR WEB PAGES\*\*\***



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**GENERATOR AND AIR CONDITIONER PERMIT  
 APPLICATION**

|  |                |                |                             |
|--|----------------|----------------|-----------------------------|
| <b>APPLICANT TO COMPLETE ALL ITEMS IN SECTION I, II, III &amp; IV</b><br><b>NOTE: A COPY OF CONTRACT WITH HOMEOWNER MUST BE ATTACHED</b> |                |                |                             |
| <b>I. PROJECT INFORMATION</b>  |                |                |                             |
| PROJECT NAME   |                | ADDRESS        |                             |
| CITY   |                |                | ZIP CODE                    |
| <b>II. IDENTIFICATION</b>  |                |                |                             |
| <b>A. OWNER OR LESSEE</b>  |                |                |                             |
| NAME   |                | ADDRESS        |                             |
| CITY   | STATE          | ZIP CODE       | TELEPHONE NUMBER<br>(     ) |
| <b>B. CONTRACTOR</b>   |                |                |                             |
| NAME   |                | ADDRESS        |                             |
| CITY   | STATE          | ZIP CODE       | TELEPHONE NUMBER<br>(     ) |
| CELL NUMBER<br>(     )   | E-MAIL ADDRESS | LICENSE NUMBER | EXPIRATION DATE             |
| WORKERS COMP INSURANCE CARRIER OR REASON FOR EXEMPTION <b>(PROVIDE COPY OF CERTIFICATE WITH FIRST ANNUAL REGISTRATION)</b>               |                |                |                             |
| MESC EMPLOYER NUMBER OR REASON FOR EXEMPTION <b>(PROVIDE COPY OF CERTIFICATE WITH FIRST ANNUAL REGISTRATION)</b>                         |                |                |                             |
| LIABILITY INSURANCE CARRIER: <b>(PROVIDE COPY OF CERTIFICATE WITH FIRST ANNUAL REGISTRATION)</b>   |                |                |                             |
| FEDERAL EMPLOYER ID NUMBER OR REASON FOR EXEMPTION:  |                |                |                             |
| REGISTERED AGENT NAME FOR CORPORATION OR LLC:  |                |                |                             |
| REGISTERED AGENT ADDRESS IF DIFFERENT FROM LICENSEE:   |                |                |                             |

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<br>(    ) |          |
| ADDRESS | CITY | STATE                      | ZIP CODE |

FEDERAL I.D. NUMBER/SOCIAL SECURITY NUMBER \_\_\_\_\_

**As the PROPERTY 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 \_\_\_\_\_ RESIDENTIAL \_\_\_\_\_ BASE FEE (MIN. PERMIT FEE): \_\_\_\_\_

BOND AMOUNT: \_\_\_\_\_

APPROVAL SIGNATURE \_\_\_\_\_

TITLE **Building Official** \_\_\_\_\_ DATE \_\_\_\_\_