



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*

REQUIREMENTS FOR PERMIT TO REPLACE RESIDENTIAL WINDOWS & DOORWALLS

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) & DRIVER'S LICENSES
3. A COMPLETED FENESTRATION REPLACEMENT SCHEDULE. REFER TO PAGE 4 OF THIS APPLICATION.

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



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APPLICATION TO REPLACE RESIDENTIAL WINDOWS AND DOORWALLS

APPLICANT TO COMPLETE ALL ITEMS IN SECTION I, II, III & IV

NOTE: A COPY OF CONTRACT MUST BE ATTACHED IF THIS APPLICATION IS NOT SIGNED BY THE HOMEOWNER. YOU MUST ALSO COMPLETE PAGE THREE OF THIS APPLICATION!

| | | | |
|--|----------------|-------------------------|-------------------------|
| PROJECT NAME | | ADDRESS | |
| CITY | | ZIP CODE | |
| 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 () | E-MAIL ADDRESS | LICENSE NUMBER | EXPIRATION DATE |
| FEDERAL EMPLOYER ID NUMBER OR REASON FOR EXEMPTION | | | |
| WORKERS COMP INSURANCE CARRIER OR REASON FOR EXEMPTION | | | |
| MESC EMPLOYER 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 |
| 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.

IV. APPLICANT'S SIGNATURE

SIGNATURE OF APPLICANT (Homeowner signature indicates compliance with the Homeowner Affidavit)

Date

V. VALIDATION – FOR DEPARTMENT USE ONLY

USE GROUP _____

BASE FEE _____

NUMBER OF INSPECTIONS _____

BOND AMOUNT: _____

APPROVAL SIGNATURE

TITLE
Building Official

DATE

O:\Building Dept\Permit Apps & Fees\Residential Window Replacement Permit Application

Revised 03-2

