



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 REROOF
TEAR-OFF ONLY

1. **COPY OF CONTRACT WITH HOMEOWNER or HOMEOWNER'S SIGNATURE ON THE APPLICATION.**
2. COMPLETED APPLICATION WITH COPY OF OF BUILDER'S (M&A) & DRIVER'S LICENSE

ALL FEES and BOND
MUST BE PAID AT TIME OF SUBMISSION



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

ROOFING PERMIT APPLICATION
TEAR-OFF ONLY

APPLICANT TO COMPLETE ALL ITEMS IN SECTION I, II, III & IV
NOTE: HOMEOWNER MUST SIGN THIS APPLICATION OR PROVIDE A COPY OF YOUR SIGNED CONTRACT

I. PROJECT INFORMATION

PROJECT NAME		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 ()	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

Number of Squares: Ventilation being provided:

III. APPLICANT INFORMATION

APPLICANT IS RESPONSIBLE FOR THE PAYMENT OF ALL FEES AND CHARGES APPLICABLE TO THIS APPLICATION AND MUST PROVIDE THE FOLLOWING INFORMATION.

NAME		TELEPHONE NUMBER ()	
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 _____ BASE FEE _____

TYPE OF CONSTRUCTION _____ **ROOFING** _____ NUMBER OF INSPECTIONS _____ **TWO** _____

APPROVAL SIGNATURE

TITLE
BUILDING OFFICIAL

DATE



City of Bloomfield Hills

45 East Long Lake Rd.
Bloomfield Hills, MI. 48304

Verification of Roofing Ventilation

Project Name: _____ Date: _____

Address: _____

Applicant: _____

Complete the Information as follows:

- A. Attic Gross Area (Square footage): _____
- B. Net Free Area of Ventilation Required: $(A/300)$ _____
- C. Type of High Ventilation Provided: _____
- D. Manufacturer: _____
- E. Unit (Circle): Lineal Foot Each (i.e. cans)
- F. Net Free Area of Ventilation per unit: _____
- G. Total Units to be installed: _____
- H. Total High Area Roof Ventilation: $(=F \times G)$ _____

- I. Type of Low Ventilation Provided: _____
- J. Manufacturer (If new): _____
- K. Unit: (Circle) Lineal Foot Each (i.e round vents)
- L. Net Free Area per unit provided: _____
- M. Total Units Provided: _____
- N. Total Low Net Free Area Provided: $(=L \times M)$ _____

Compliance:

Total Net Free Area of Required Ventilation: _____ S.f.

High Ventilation Provided: _____ s.f.

Low Ventilation Provided: _____ s.f.

Are there existing vents to be blocked off or removed? If so, list:

Any other Special Circumstances?

Applicant Signature