



*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)*

**REQUIREMENTS FOR RESIDENTIAL SIDING & MASONRY VENEER  
REPLACEMENT PERMIT**

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. SKETCH OF BUILDING TO SHOW AFFECTED AREAS OF THE STRUCTURE AND A WALL SECTION THAT DETAILS MATERIALS BEING PROPOSED.

**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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**PERMIT APPLICATION FOR  
RESIDENTIAL SIDING & MASONRY VENEER REPLACEMENT**

<b>APPLICANT TO COMPLETE ALL ITEMS IN SECTION I, II, III &amp; IV</b>			
<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 (     )
<b>B. CONTRACTOR</b>			
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			
TYPE OF REPLACEMENT:		TOTAL SQUARE FOOTAGE OF AFFECTED AREA:	

**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 (    )	
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ADDRESS	CITY	STATE	ZIP CODE
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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**

<b>SIGNATURE OF APPLICANT</b> (Homeowner signature indicates compliance with the Homeowner Affidavit)	<b>Date</b>
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**V. VALIDATION – FOR DEPARTMENT USE ONLY**

USE GROUP _____	BASE FEE _____
NUMBER OF INSPECTIONS _____	BOND AMOUNT: _____

APPROVAL SIGNATURE

TITLE Building Official	DATE
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