



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

BUILDING DEPARTMENT REQUIREMENTS FOR
INTERIOR ALTERATIONS TO A COMMERCIAL OR INSTITUTIONAL
BUILDING

INTERIOR RENOVATIONS

1 SET OF **FOLDED** PLANS (Additional sets will be required after plan review)

COMPLETED APPLICATION WITH COPY OF BUILDER'S & DRIVER'S LICENSES

NOTE: The property owner of record or an authorized agent MUST sign this application as shown on page 4. In lieu thereof, you may submit a copy of your signed contract with that entity. .

*****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*****

COMPLETE PACKETS ARE REQUIRED AT TIME OF SUBMISSION.
PARTIAL SUBMISSIONS WILL NOT BE ACCEPTED



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COMMERCIAL OR INSTITUTIONAL BUILDING PERMIT APPLICATION FOR INTERIOR ALTERATIONS

*****Copies of your builder's and driver's licenses
ARE required with every application submitted.*****

AUTHORITY: 1972 PA 230
COMPLETION: MANDATORY TO OBTAIN PERMIT
PENALTY: PERMIT WILL NOT BE ISSUED

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

Note: Separate Applications Must Be Completed for Plumbing, Mechanical, and Electrical Work Permits

I. PROJECT INFORMATION			
PROJECT NAME		ADDRESS	
CITY		ZIP CODE	
II. IDENTIFICATION			
A. OWNER OR LESSEE			
NAME		ADDRESS	
CITY	STATE	ZIP CODE	TELEPHONE NUMBER ()
B. ARCHITECT, ENGINEER or DESIGNER			
NAME		ADDRESS	
CITY	STATE	ZIP CODE	TELEPHONE NUMBER ()
LICENSE NUMBER		EXPIRATION DATE	
C. LICENSEE			
NAME		ADDRESS	
QUALIFYING OFFICER (IF CORPORATION):			
CITY	STATE	ZIP CODE	TELEPHONE NUMBER ()
CELL NUMBER ()	E-MAIL ADDRESS		FAX NUMBER ()
BUILDER'S LICENSE NUMBER:	EXPIRATION DATE:		
QUALIFYING OFFICER LICENSE NUMBER:			
FEDERAL EMPLOYER ID NUMBER OR REASON FOR EXEMPTION:			
REGISTERED AGENT NAME FOR CORPORATION OR LLC:			
REGISTERED AGENT ADDRESS IF DIFFERENT FROM LICENSEE:			

WORKERS COMP INSURANCE CARRIER OR REASON FOR EXEMPTION (PROVIDE COPY OF CERTIFICATE WITH FIRST ANNUAL REGISTRATION)

MESC EMPLOYER NUMBER OR REASON FOR EXEMPTION (PROVIDE COPY OF CERTIFICATE WITH FIRST ANNUAL REGISTRATION)

LIABILITY INSURANCE CARRIER: (PROVIDE COPY OF CERTIFICATE WITH FIRST ANNUAL REGISTRATION)

III. TYPE OF IMPROVEMENT AND PLAN REVIEW

A. TYPE OF IMPROVEMENT

<input type="checkbox"/> INSTITUTIONAL <input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> ALTERATION <input type="checkbox"/> SUITE BUILD OUT
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B. REVIEW(S) TO BE PERFORMED (please circle)

BUILDING	ELECTRICAL	MECHANICAL	PLUMBING
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IV. PROPOSED USE OF BUILDING

A. COMMERCIAL

DESCRIBE IN DETAIL PROPOSED USE OF WORK TO BE DONE.

B. INSTITUTIONAL (NON-CLASSROOM USE)

V. SELECTED CHARACTERISTICS OF BUILDING

A. PRINCIPAL TYPE OF FRAME

MASONRY, WALL BEARING
 WOOD FRAME
 STRUCTURAL STEEL
 REINFORCED CONCRETE
 OTHER

B. PRINCIPAL TYPE OF HEATING FUEL

GAS
 OIL
 ELECTRICITY
 COAL
 OTHER

C. TYPE OF SEWAGE DISPOSAL

PUBLIC OR PRIVATE COMPANY
 SEPTIC SYSTEM

D. TYPE OF WATER SUPPLY

PUBLIC OR PRIVATE COMPANY
 PRIVATE WELL OR CISTERN

E. TYPE OF MECHANICAL

WILL THERE BE AN ALARM SYSTEM? YES NO
 WILL THERE BE FIRE SUPPRESSION? YES NO

F. DIMENSIONS/DATA

NUMBER OF STORIES _____	FLOOR AREA:	<u>EXISTING</u>	<u>ALTERATIONS</u>	<u>ADDITIONS</u>
USE GROUP _____	LOWER LEVEL	_____	_____	_____
CONST. TYPE _____	1 ST & 2 ND Floor	_____	_____	_____
# OF OCCUPANTS _____	3 RD FLOOR	_____	_____	_____
COST OF CONSTRUCTION _____	OTHER:	_____	_____	_____
	TOTAL AREA	_____	_____	_____

VI. 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 _____			
APPLICATION AND PLAN REVIEW FEE ENCLOSED: \$ _____			
As the property owner or agent 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.			
VII. APPLICANT'S SIGNATURE			
(Applicant acknowledges that information on this application is subject to verification by our code enforcement officer)			
SIGNATURE (Homeowner signature indicates compliance with Homeowner Affidavit) _____		DATE: _____	
VIII. VALIDATION – FOR DEPARTMENT USE ONLY			
USE GROUP _____	BASE FEE _____		
TYPE OF CONSTRUCTION _____ INTERIOR ALTERATIONS _____	NUMBER OF INSPECTIONS _____		
SQUARE FEET _____			
APPROVAL SIGNATURE _____			
BUILDING OFFICIAL _____		DATE _____	