



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

**ROOF – COMMERCIAL
BUILDING PERMIT & PLAN REVIEW APPLICATION**

The following are required for a complete submittal:

I. Documents

- Completed Building Permit & Plan Review Application
- Completed Construction Schedule (Attached to the Application)

II. Building plans

- (1) set of building plans and all required documents, emailed to building@bloomfieldhillsmi.net

III. Fees (cash or check made payable to City of Bloomfield Hills, credit card payments accepted, access fees apply)

- Application fee - \$100
- Plan review deposit - \$100 (balance due upon permit issuance)

IV. Estimated Date of Project Completion _____



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**BUILDING PERMIT AND PLAN
REVIEW APPLICATION
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I. PROJECT INFORMATION			
ADDRESS and PROPERTY ZONING DISTRICT			
II. IDENTIFICATION			
A. OWNER			
NAME		ADDRESS	
CITY	STATE	ZIP CODE	CELL NUMBER
EMAIL ADDRESS			
B. ARCHITECT OR ENGINEER			
NAME		ADDRESS	
CITY	STATE	ZIP CODE	CELL NUMBER
EMAIL ADDRESS			
LICENSE NUMBER		EXPIRATION DATE	
C. CONTRACTOR			
NAME		ADDRESS	
CITY	STATE	ZIP CODE	
EMAIL ADDRESS			
OFFICE NUMBER	CELL NUMBER		FAX NUMBER
FEDERAL EMPLOYER ID NUMBER		REGISTERED AGENT NAME IF DIFFERENT THAN LICENSEE	
WORKERS COMP INSURANCE CARRIER		MESC EMPLOYER NUMBER	

DESCRIBE PROPOSED WORK:

Total Cost of Construction for Project _____

IV. APPLICANT INFORMATION

I certify the use of this property as proposed with this building permit application is compliant with the permitted zoning uses for this property and zoning district under the Bloomfield Hills City Code.

Signature of Applicant / Contractor _____ Date _____

Printed Name _____

AS THE OWNER OF RECORD, I HEREBY AUTHORIZE THE PROPOSED CONSTRUCTION NOTED ON THIS APPLICATION.

Signature of Property Owner _____ Date _____

Printed Name _____

V. HOMEOWNER AFFIDAVIT (Sign only if permit is applied for by the homeowner)

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.

Signature of Homeowner _____

Printed Name _____ Date _____



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Construction Schedule

Please draft a tentative construction schedule below, or attach a spreadsheet