

Bloomfield Township P.O. Box 489 4200 Telegraph Bloomfield Hills, MI 48303-0489 Phone (248) 433-7715 Fax: 433-7729

Permit #

Issue Date

Inspection Requests: www.bsaonline.com www.bloomfieldtwp.org

| APPLICATION | FOR M | IECHANICA | |
|--------------------|-------|-----------|--|
| | | | |

| Address of Job | Lot # | Sid | well # | |
|--|---|-------------------------------|---------------|---------------------|
| Subdivision | Applicant/Contr | actor | | |
| Email | | | | |
| Address | City | | _State | Zip |
| Property Owner | | Telephone _ | | |
| New Construction Addition Rem | nodel 🗌 Repairs 🗌 Replacer | ment 🗌 Generator | | |
| | | Fee | No. | Amount |
| Application Fee Base Fee | | \$35 \$50 | <u>1</u> 1 | <u>\$35</u> \$50 |
| | | \$ 00 | <u> </u> | |
| New Construction New Construction (one furnace, one A/C w Each additional #furnace and/or # Prefab fireplace Gas-line (includes pressure test) | | 200 80 100 80 | | |
| Addition/Alteration/Replacement Single item inspection (Description | A/C per unit" | 100 100 80 50 120 | | |
| <u>Commercial Fees</u> – Assessed at plan revie <u>Description</u> (Call 248-433-7715 for fees) Self-contained HVAC units, per unit | ew by the inspector – per ins | sp. 250 - 50 | | |
| Total Due | | | \$ | |
| *Indicate <u>NEW</u> exterior equipment location: | ☐ Rear Yard ☐ Side Yard ☐ Ground ☐ Wall/Mini Split vide a detailed site plan indicati | | | |
| equipment location, setback distance from prop (placement material and height) & subdivision | perty line(s), distance from wall | of building to equipn | nent, screeni | ng requirements |

(placement, material and height) & subdivision comments. For commercial roof top equipment locations, you must provide a detailed roof plan, distance from outer wall of building to equipment, screening requirements (placement, material and height). Please note that all equipment must be screened from view per the Codes of the Charter Township of Bloomfield, Chapter 42, Article IV, Sec. 42-5.1. Final inspection will not be approved until screening is installed.

| Applicants Signature | Date | Company Name | |
|----------------------|--------|--------------|--|
| | 1 of 2 | | |



APPLICATION FOR MECHANICAL PERMIT – 2

STATE OF MICHIGAN REQUIRED INFORMATION: (Must provide copies of licenses)

License #_____Issued by:_____Expiration Date: _____

Federal employer I.D. # or reason for exemption:

Worker's Comp. Insurance carrier or reason for exemption:

MESC Employer # or reason for exemption: A permit remains valid as long as work is progressing and inspections are requested and conducted. A permit shall become invalid if the authorized work is not commenced within 180 days after issuance of the permit or if the authorized work is suspended or abandoned for a period of 180 days after the time of commencing the work. A PERMIT WILL BE CLOSED WHEN NO INSPECTIONS ARE REQUESTED AND CONDUCTED WITHIN 180 DAYS OF THE DATE OF ISSUANCE OR THE DATE OF A PREVIOUS INSPECTION. CLOSED PERMITS CANNOT BE REFUNDED.

"Section 23a of the Michigan 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 able to perform work on a residential building or a residential structure. Violators of Section 23a are subject to civil fines."

| Signature of Applicant | Date: | |
|------------------------|-------|--|
| Company Name | | |

Draw the location of ground-mounted mechanical or location of wall mounted unit/mini split below. Add any additional locations of roads as needed. Evergreen screening to be planted at the height of the unit at the time of planting is required for all units.

<u>Replacement equipment ONLY:</u> Contractor to submit a photograph showing the following: existing unit or equipment location in relation to the building, existing utility hook-up, and existing screening per Township Ordinance. If the photograph submitted is not clear, a pre-site inspection will be required and performed.

