Application #



Application Date

Bloomfield Hills, MI 48303-0489

Issue Date

Permit #

APPLICATION FOR COMMERCIAL BUILDING PERMIT

Bloomfield Township

P.O. Box 489 4200 Telegraph

Phone (248) 433-7715

The undersigned hereby applies for a permit to build, construct, remodel, and occupy, or to install according to the following statement and further agrees to maintain the property, while under construction, in accordance with all Township Ordinances.

Please print or type	
Building site address:	Zoned:
Sidwell # (19)	Lot/Subdivision:
Owner	Phone ()
Address:	City:
State: Zip:	
Tenant:	Phone ()
Address:	City:
State: Zip:	
Architect:	Phone ()
Email:	(Architect must sign Architect Certification form)
Contractor:	Contact:
Phone ()	Fax ()
E-mail:	Address:
City:	State:Zip:
Description of Work	
Type of Construction:	Estimated cost:
□ New Building □ Addition □ Alteration (In	terior) \Box Alteration (Exterior) \Box Demolition \Box Other
Change of Use: Yes No (May require parking calculations)	Change of Tenancy: □ Yes □ No
Proposed Use:	Previous Use:



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Type of Building:							
Church, Religious Church, Religious		ant 🛛 Offic	ce/Bank/Professional	Industrial			
□ Service Station	🗆 Tanks, T	owers 🛛 Scho	ol/Educational/Librar	y 🛛 Store, Mercantile			
□ Other			_				
Indicate the items to	be review Electrical		Alarm/Suppression	Mechanical			
□ Plumbing □	Water & S	ewer 🛛 Four	ndation				
Zoning Board of Appe	eals?	Yes 🗆 No 🗆	Date granted				
Design Review Board	?	Yes 🗆 No 🗆	Date granted				
Planning Commission	1?	Yes 🗆 No 🗆	Date granted				
Soil Erosion Installed?	?	Yes 🗆 No 🗆	Permit #				
Oakland County ROW	V Permit?	Yes 🗆 No 🗆	Permit #				
Property identified by	address at	site? Yes □ No					
Does the property cor	ntain: Wetla	inds, floodplain	or natural features?	Yes □ No □			
Does the structure to	be removed	d contain hazar	dous material, etc? Y	es □ No□			
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 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 a residential building or a residential structure. Violators of Section 23a are subject to civil fines."							
Signature of Applica	ant:			Date:			
Application Fee \$	I	Registration fe	e: \$ Squ	uare footage:			
Plan Review fee: \$ _	Review fee: \$Building Permit fee: \$						
Approved by:			Date:				

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ARCHITECT OR ENGINEER CERTIFICATION

I, _____, architect or engineer certifies that the construction drawings that are submitted to the Building Division for permit are duplicates of those approved by the Bloomfield Township Board of Trustees and/or other Township Boards as applicable.

Signature of architect and date

All revisions submitted for review must be detailed below and clearly identified on the drawings through the use of "revision clouds." The revised plans shall indicate the date of the revision. Revisions shall be itemized by sheet number and description, including materials, as listed below:

Address of property: _____

1.	 	 	
2.	 	 	
3.	 	 	
4.	 	 	
5.			
6	 	 	
0.			