



Bloomfield Township  
P.O. Box 489 4200 Telegraph Road  
Bloomfield Hills, MI 48303-0489  
Phone (248) 433-7715 ■ Fax: 433-7729  
**Inspection Requests:** [www.bsaonline.com](http://www.bsaonline.com)  
**Website:** <http://www.bloomfieldtwp.org>

## POOL DEMOLITION

### LICENSING REQUIREMENTS

Demolition Permit - applicant must be one of the following:

- Property Owner
- Licensed Builder
- Maintenance and Alteration Demolition Contractor

### APPLICATION PROCESS

All demolition applications must be submitted to the Building Division for review. A building permit is required for all partial or total demolitions. Where applicable, soil erosion control must be installed for all demolitions prior to issuance of the demolition permit.

A pool or part of any pool constructed within the required building envelope must be removed in its entirety. This includes coping, walls, plumbing, filters, heaters and adjunct equipment.

Any pool where the building envelope/ required setback line dissects any part of the pool shall adhere to the following. The side of the pool within the building envelope must be completely removed. The remaining portion of the pool outside the required building envelope shall be removed to a point at least 42" below finished grade. The remaining structure requires a drain hole in the bottom of the abandoned pool in this location.

A pool or part of any pool constructed outside of the required building envelope shall be removed to a point 42" below finish grade. The remaining structure requires a drain hole in the bottom of the abandoned pool. All material more than 2.5 inches in diameter must be removed prior to the rough inspection. Fill dirt shall consist of clean soil consistent with surrounding soil and shall adhere to grading and drainage ordinances.

**TOTAL Demolition** – Please submit the following items for review:

- 1 Completed Residential or Commercial Building Permit Application  
Included description of Complete Pool Removal
- 2 Copy of builder license and drivers license
- 3 Michigan law requires Miss Dig be notified 800-482-7171 three (3) working days prior to any excavation or digging
- 4 A tree preservation survey is required to be included on the site plan as required by ORDINANCE NO. 608
- 5 \$250 Application Fee

**Partial Demolition** – Please submit the following items for review:

- 1 All of above list
- 2 Three sets of a site plan or original mortgage survey indicating the swimming pool location include measurements of what areas are being removed completely and partially.

Application # \_\_\_\_\_



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Permit # \_\_\_\_\_

Application Date \_\_\_\_\_

Issue Date \_\_\_\_\_

## APPLICATION FOR RESIDENTIAL BUILDING PERMIT

**To the Township Building Official:** 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 the Codes of the Charter Township of Bloomfield.

Property Owner: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Builder: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Architect: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

Lot No.: \_\_\_\_\_ Subdivision: \_\_\_\_\_

Building Site Address: \_\_\_\_\_ Sidwell # (19) \_\_\_\_\_

Area Zoned: \_\_\_\_\_ Type of construction: \_\_\_\_\_

ZBA variance required? Yes  No  Date variance granted \_\_\_\_\_

Subdivision Association Comments? Yes  No  Estimated construction cost \_\_\_\_\_

Check one: New building  Addition  Remodeling  Demolition  Other

Construction Description: \_\_\_\_\_

If this is for a play structure, contact the Ordinance Division at (248) 594-2845 for a list of permit and screening requirements.

Residential – Attach three (3) sets of building plans, including site plans, DRAWN TO SCALE.

Soil erosion control installed? Yes  No  Crushed concrete driveway installed? Yes  No

Property identified by address at site? Yes  No



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## APPLICATION FOR RESIDENTIAL BUILDING PERMIT - 2

### STATE OF MICHIGAN REQUIRED INFORMATION (Provide copies of licenses)

Builder's License # \_\_\_\_\_ 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: \_\_\_\_\_

Property identified by address at site? Yes  No

Does property contain: Wetlands, floodplain or natural features? Yes  No

Does this project contain hazardous material, etc? Yes  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 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: \_\_\_\_\_

#### Property Owner:

*During the course of this project a variety of inspections will take place on each of the associated permits, including **final** inspections upon completion. Occasionally, contractors/homeowners overlook the scheduling of final **building, electrical, mechanical, and plumbing** inspections when work is completed. The permits then remain open and ultimately **expire**, which may cause unnecessary difficulties for the permit holder/homeowner. The Building Division would like to help you bring your project to a successful completion. To ensure the scheduling of necessary inspections, please work closely with your contractor.*

Signature of Owner \_\_\_\_\_ Date: \_\_\_\_\_

#### Office Use Only

Registration Fees: \_\_\_\_\_ Application Fee: \_\_\_\_\_

Plan Review Fee: \_\_\_\_\_ Permit Fee: \_\_\_\_\_ Square Ft including garage: \_\_\_\_\_

Issued/Approved by: \_\_\_\_\_ Date: \_\_\_\_\_