

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



Bloomfield Township  
P.O. Box 489  
4200 Telegraph  
Bloomfield Hills, MI 48303-0489  
Phone (248) 433-7715 Fax: 433-7729  
Inspection Line (248) 594-2818  
Website: <http://www.bloomfieldtwp.org>

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

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

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

### APPLICATION FOR COMMERCIAL BUILDING PERMIT

***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: \_\_\_\_\_ 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 (Interior)  Alteration (Exterior)  Demolition  Other \_\_\_\_\_

Change of Use:  Yes  No  
(May require parking calculations)

Change of Tenancy:  Yes  No

Proposed Use: \_\_\_\_\_ Previous Use: \_\_\_\_\_



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## APPLICATION FOR COMMERCIAL BUILDING PERMIT - 2

**Type of Building:**

- Church, Religious     Restaurant     Office/Bank/Professional     Industrial  
 Service Station     Tanks, Towers     School/Educational/Library     Store, Mercantile  
 Other \_\_\_\_\_

**Indicate the items to be reviewed:**

- Building     Electrical     Fire Alarm/Suppression     Mechanical  
 Plumbing     Water & Sewer     Foundation

Zoning Board of Appeals?    Yes  No     Date granted \_\_\_\_\_

Design Review Board?    Yes  No     Date granted \_\_\_\_\_

Planning Commission?    Yes  No     Date granted \_\_\_\_\_

Soil Erosion Installed?    Yes  No     Permit # \_\_\_\_\_

Oakland County ROW Permit?    Yes  No     Permit # \_\_\_\_\_

Property identified by address at site? Yes  No

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

Does the structure to be removed 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 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 Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Application Fee \$ \_\_\_\_\_ Registration fee: \$ \_\_\_\_\_ Square footage: \_\_\_\_\_

Plan Review fee: \$ \_\_\_\_\_ Building Permit fee: \$ \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

# APPLICATION FOR COMMERCIAL BUILDING PERMIT - 3

## 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.

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.

\_\_\_\_\_  
Signature of architect and date

Revisions shall be itemized by sheet number and description, including materials, as listed below:

Address of property: \_\_\_\_\_

- 
1. \_\_\_\_\_  
\_\_\_\_\_
  2. \_\_\_\_\_  
\_\_\_\_\_
  3. \_\_\_\_\_  
\_\_\_\_\_
  4. \_\_\_\_\_  
\_\_\_\_\_
  5. \_\_\_\_\_  
\_\_\_\_\_
  6. \_\_\_\_\_  
\_\_\_\_\_