



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

Ordinance Permit Application Instructions

Ordinance Review

An Ordinance permit is required for the installation or erection of accessory structures or uses, not otherwise regulated by the Building Code, pursuant to the Code of Ordinances of the Charter Township of Bloomfield, including but not limited to fences and invisible fences, dog runs, gazebos, sheds, pergolas, trellis, landscape walls, pillars, piers, fountains, sports court, etc.

Prior to making application for an Ordinance Permit, the applicant shall contact the Planning Division at 248-433-7795 or planning_dept@bloomfieldtpw.org to determine if an application before the Zoning Board of Appeals is required.

Application Checklist

- Completed Building Permit application (include Zoning Board of Appeals date)
- Subdivision Association comments
- 3 sets of a site plan with dimensions and square footage of proposed item(s), along with the location of the existing house and all setbacks dimensions.
- 3 sets of plans including dimensioned elevations and cross section with materials of the proposed item(s).

Fee Information - Application and Permit Fees

Fence, Invisible Fence, Dog Run	\$150.00
Gazebo, Sheds	\$150.00
Bee Hives	\$ 30.00
Ice Rinks, Trampoline (in-ground)	\$ 30.00
Landscape Walls	\$150.00
Pillars, Piers, Fountains	\$150.00
Pergola, Trellis	\$150.00
Satellite Dish, Statues	\$150.00
Sports Court	\$150.00
Other Accessory Structures	\$150.00
Commercial	\$200.00
Plus \$85.00 Fire Marshal Review (if applicable)	
Additional Inspection (if needed)	\$ 50.00
Consultant review fees pursuant to Code of Ordinances Section 2-111 to 117 if applicable.	
Other Township Department Review Fees – The applicant shall be responsible for additional review fees from other Township Departments/Divisions, including but not limited to Engineering and Environmental Services, Fire, Public Services or Building, if applicable.	

Application # _____



Bloomfield Township P.O. Box 489
4200 Telegraph
Bloomfield Hills, MI 48303-0489
Phone (248) 433-7715 Fax: 433-7729
Inspection Requests: www.bsaonline.com
www.bloomfieldtwp.org

Permit # _____

Application Date _____

Issue Date _____

APPLICATION FOR RESIDENTIAL BUILDING PERMIT

Check if this is for an Ordinance 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: _____ Sidwell # (19) _____

Building Site Address: _____ Construction Cost: \$ _____

ZBA variance required? Yes No Date ZBA variance granted: _____

Subdivision Association Comments? Yes No Submit copy of HOA approval or disapproval

Check one:

New Home Addition Remodel Demolition Fence Retaining Walls

Roofs/Siding/Windows Driveway Accessory Structure Pool Other _____

Provide Brief Project Description: _____

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

Must include (3) sets of folded plans, site plans and/or scope of work, DRAWN TO SCALE.
Application fees are due at the time of submittal. For fees and plans review checklists, visit <https://bloomfieldtwp.org/Resources/Forms/Building-Division.aspx>



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
www.bloomfieldtwp.org

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: _____