

City of Sylvan Lake
 4200 Telegraph Rd
 P.O. Box 489
 Bloomfield Hills, MI 48303
 Phone (248) 433-7715 Fax: 433-7729
 Inspection Line (248) 594-2818
 www.sylvanlake.org

Permit # _____
 Issue Date _____

APPLICATION FOR MECHANICAL PERMIT

Address of Job _____ Lot # _____ Sidwell # _____

Subdivision _____ Applicant/Contractor _____

Email _____ Telephone _____ Fax _____

Address _____ City _____ State _____ Zip _____

Property Owner _____ Telephone _____

- New Construction Addition Remodel Repairs Replacement Generator

	Fee	No.	Amount
<u>Application Fee</u>	\$20	_____	_____
<u>New Construction</u>			
New Construction (one furnace, one A/C w/duct work*)	170	_____	_____
Each additional furnace	80	_____	_____
Each additional A/C*	50	_____	_____
Prefab fireplace	100	_____	_____
Gas-line	80	_____	_____
<u>Addition/Alteration/Replacement</u>			
Single item inspection	50	_____	_____
Installation of furnace and/or A/C per unit*	50	_____	_____
Duct alterations	80	_____	_____
Prefab fireplace	100	_____	_____
Gas-line (provide pressure test)	80	_____	_____
A/C unit added to existing furnace *	50	_____	_____
Processed Piping	120	_____	_____
Boiler installation (must provide boilers license)	50	_____	_____
Fire suppression/Kitchen hood suppression	100	_____	_____
Self-contained HVAC units, per unit	50	_____	_____
Re-inspection Fee	50	_____	_____
Mechanical Registration	5	_____	_____
Administration Fee	20	_____	_____


Commercial Fees . Assessed at plan review by the inspector . Minimum 100 _____

Description _____

Total Due \$ _____

*Zoning Permit Required. (Must provide copy of approval with this application) Date approved: _____

Applicants Signature _____ Date _____ Company Name _____

	<p align="center"> City of Sylvan Lake 4200 Telegraph Rd P.O. Box 489 Bloomfield Hills, MI 48303 <u>Phone (248) 433-7715 Fax: 433-7729</u> Inspection Line (248) 594-2818 www.sylvanlake.org </p>
--	---

APPLICATION FOR MECHANICAL PERMIT

STATE OF MICHIGAN REQUIRED INFORMATION

License # _____ Issued by: _____ Expiration Date: _____

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

Workers Comp. Insurance carrier or reason for exemption: _____

MESC Employer # or reason for exemption: _____

“Section 23a of the Michigan Construction Code Act of 1972, 1972 PA230, 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 _____