

## **Community Development Department**

45175 Ten Mile Road Novi, MI 48375 (248) 347-0415 Phone (248) 735-5600 Facsimile www.cityofnovi.org

# MECHANICAL (HEATING) PERMIT APPLICATION

**APPLICATION MUST BE FILLED OUT COMPLETELY** 

Permit Number: PH \_\_\_\_\_

| I. PROJECT LOCATION/OWNER INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                    |                                                 |                                            |  |
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| PROJECT/SUBDIVISION NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                    |                                                 |                                            |  |
| ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | LOT/SUITE #                                                                                        |                                                 |                                            |  |
| ADDICESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 101/30IIL #                                                                                        |                                                 |                                            |  |
| CITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ZIP CODE                                                                                           |                                                 |                                            |  |
| NAME OF OWNER OR LESSEE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                    | COMPLETION: MANDATORY                           |                                            |  |
| PHONE NUMBER OF OWNER OR LESSEE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                    | PENALTY: PERMIT WIL  Has a building permit been | L NOT BE ISSUED obtained for this project? |  |
| TELEPHONE NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                    | □□ Yes – Permit#                                |                                            |  |
| CELL NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                    | ☐ Not Required                                  | _                                          |  |
| II. APPLICANT INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                    |                                                 |                                            |  |
| †□ CONTRACTOR LICENSE HOLDERS NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                    | CONTRACTOR LICENSE NUME                         | BER                                        |  |
| † HOMEOWNER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                    |                                                 |                                            |  |
| LI HOMEOWNER   COMPANY NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                    | MASTER LICENSE NUMBER                           |                                            |  |
| ADDRESS (STREET NUMBER AND NAME)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                    | LICENSE EXPIRATION DATE                         |                                            |  |
| ADDRESS (SIREEI NOMBER AND NAME)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                    | LICENSE EXPIRATION DATE                         |                                            |  |
| CITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | STATE                                                                                              | ZIP CODE                                        |                                            |  |
| TELEPHONE NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | CELL NUMBER                                                                                        | FAX NUMBER                                      |                                            |  |
| EMAIL ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                    | FEDERAL EMPLOYER ID NUMB                        | ER (OR REASON FOR EXEMPTION)               |  |
| WORKMANS COMP. INSURANCE CARRIER (OR REASON FOR EXEMPTION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                    | MESC EMPLOYER NUMBER (OR REASON FOR EXEMPTION)  |                                            |  |
| III. TYPE OF JOB (ENTER WORK DESCRIPTION O                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | N BACK PAGE)                                                                                       |                                                 |                                            |  |
| ☐ SINGLE FAMILY ☐ NEW ☐ PRE-MANUFACT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | TURED HOME SETUP (STATE APPI                                                                       | ROVED)   WATER HEAT                             | FR                                         |  |
| OTHER ALTERATION OTHER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 01122 1101112 02101 (01111211111                                                                   |                                                 |                                            |  |
| IV. PLAN REVIEW REQUIRED ( PLANS MUST BE SUBMITTE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | D WITH AN APPLICATION, EXCE                                                                        | PT AS LISTED BELOW)                             |                                            |  |
| Plans are not required for the following:   1. One- and two-family dwellings when the total because it is a constant of the co | puilding heating/cooling syster<br>mechanical official to be of a<br>ing HVAC equipment only, with | minor nature.<br>n one fire area and not mo     |                                            |  |
| What is the building size in square footage?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ; What is the input rating of                                                                      | the heating system in this b                    | ouilding?                                  |  |
| <u>Plans are required</u> for all other building types and shall be pursuant to 1980 PA 299 and shall bear that architect's a plans have been reviewed and approved.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                    |                                                 |                                            |  |
| V. APPLICANT SIGNATURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                    |                                                 |                                            |  |
| Section 23a of the state construction code act of 1 circumvent the licensing requirements of this state residential structure. Violators of section 23a are su                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | relating to persons who are ubjected to civil fines.                                               | e to perform work on a r                        | esidential building or a                   |  |
| SIGNATURE OF LICENSEE OR HOMEOWNER (Homeowner signatur                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | e indicates compliance with Section                                                                | n VI. Homeowner Affidavit)                      | DATE                                       |  |
| PRINT NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                    |                                                 | ,                                          |  |



### **MECHANICAL (HEATING) PERMIT APPLICATION**

#### **VI. HOMEOWNER AFFIDAVIT**

I hereby certify the mechanical work described on this permit application shall be installed <u>by myself in my own home</u> in which I am living or am about to occupy. All work shall be installed in accordance with the State Mechanical Code and shall **not be enclosed, covered up**, or put into operation until it has been <u>inspected</u> and <u>approved</u> by the City Mechanical Inspector. I will cooperate with the City Mechanical Inspector and assume the responsibility to arrange for necessary inspections.

#### VII. INSTRUCTIONS FOR COMPLETING APPLICATION

GENERAL: Mechanical work shall not be started until the Mechanical Permit has been issued by the City of Novi Community Development Department. All installations shall be in conformance with the State Mechanical Code. No work shall be concealed until it has been inspected. Inspection requests will be made at cityofnovi.org. When ready for an inspection, log onto the website 24 hours in advance no later than 3:30 p.m. You will need the job address and permit number in requesting an inspection. Any questions regarding electrical permits and inspections can be directed to the inspector between 8-9 a.m. and 4-5 p.m.

#### VIII. FEE CHART – Enter the number of items being installed and multiply by the unit price for total fee.

#### **WORK DESCRIPTION:**

|      |                                                                           | FEE           | #<br>ITEMS | TOTAL   |
|------|---------------------------------------------------------------------------|---------------|------------|---------|
| 1.   | Application Fee (non-refundable)                                          | \$35.00       | 1          | \$35.00 |
| 2.   | Residential Heating System (includes duct & Gas Line) New Building Only * | \$60.00       |            |         |
| 3.   | Gas/Oil Burning Equip. (Furnace<br>Replacement, Rooftop Units)            | \$35.00       |            |         |
| За.  | Compressors (split/combination) Rooftop units for Commercial only **      | \$35.00       |            |         |
| 3b.  | Gas fired generator                                                       | \$35.00       |            |         |
| 4.   | Residential Boiler                                                        | \$35.00       |            |         |
| 5.   | Water Heater ****                                                         | \$6.00        |            |         |
| 6.   | Flue/Vent Damper/Chimney<br>liner                                         | \$6.00        |            |         |
| 7.   | Solid Fuel Equipment (includes chimney)                                   | \$35.00       |            |         |
| 8.   | Chimney, Factory built-installed separately                               | \$30.00       |            |         |
| 9.   | Solar Panels; set of 3 panels (includes piping)                           | \$24.00       |            |         |
| 10.  | Gas Piping; each opening-new installation                                 | \$6.00        |            |         |
| 10a. | Gas Pressure Test                                                         | \$6.00        |            |         |
| 11.  | Heat Pumps; complete<br>Residential                                       | \$35.00       |            |         |
| 12.  | Bath & Kitchen exhaust ducts                                              | \$6.00<br>ea. |            |         |
| 13.  | Tanks- Aboveground LP<br>Connection                                       | \$48.00       |            |         |

EXPIRATION OF PERMIT: 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 six months after issuance of the permit or if the authorized work is suspended or abandoned for a period of six months after the time of commencing the work. A PERMIT WILL BE CLOSED WHEN NO INSPECTION ARE REQUESTED AND CONDUCTED WITHIN 180 DAYS OF THE DATE OF ISSUANCE OR THE DATE OF A PREVIOUS INSPECTION. CLOSED PERMITS CANNOT BE REFUNDED. THE CHARGE TO RE-OPEN A CLOSED PERMIT IS \$50.00.

|      |                                                      | FEE      | #<br>ITEMS | TOTAL   |
|------|------------------------------------------------------|----------|------------|---------|
| 14.  | Tanks- Underground LP<br>Connection                  | \$48.00  |            |         |
| 15.  | Humidifiers                                          | \$12.00  |            |         |
| 16.  | Piping and Process piping (min. \$25.00)             | \$.06/ft |            |         |
| 17.  | Ducts (min. \$35.00)                                 | \$.15/ft |            |         |
| 18.  | Heat Pumps; Commercial (pipe not included)           | \$24.00  |            |         |
| 19.  | Air Handlers/Heat Wheels-under 10,000 CFM            | \$24.00  |            |         |
| 20.  | Air Handlers/Heat Wheels-<br>over10,000 CFM          | \$70.00  |            |         |
| 21.  | Commercial Hoods/Grease<br>Ducts                     | \$18.00  |            |         |
| 22.  | Heat Recovery Units                                  | \$12.00  |            |         |
| 23.  | V.A.V. Boxes                                         | \$12.00  |            |         |
| 25.  | Unit Heaters/ Unit Ventilators                       | \$18.00  |            |         |
| 26.  | Gas Burning Fireplace                                | \$35.00  |            |         |
| 27.  | Special/Safety Inspection                            | \$50.00  |            |         |
| 28.  | Additional Inspection                                | \$50.00  |            |         |
| 29.  | Final Inspection (includes rough & final inspection) | \$50.00  | 1          | \$50.00 |
| 30.  | Contractor Registration                              | \$15.00  |            |         |
| TOTA | AL PERMIT FEE                                        |          |            |         |

<sup>\*</sup> New residential structure, #10 & #17 should not be charged. Replacement systems should be itemized.

<sup>\*\*</sup> Requires separate refrigeration permit for all residential A/C units