

CITY OF ROMULUS
 12600 Wayne Road
 Department of Building & Safety
 Romulus MI 48174
 734-942-7550 www.romulusgov.com

MECHANICAL PERMIT APPLICATION

All areas must be completed on the application below:

JOB LOCATION: _____	Date: _____
All permit requests must have an address to be processed	
Property I.D. Number	Subdivision
Zoning	

<input type="checkbox"/> Old Bldg <input type="checkbox"/> New Bldg <input type="checkbox"/> New <input type="checkbox"/> Replacement	Contractor Information: Contractor's Name _____ License No. _____ Address _____ City _____ State _____ Zip Code _____ Telephone Number _____ Email Address _____ Federal I.D. Number _____ Worker's Compensation Carrier _____ MESC Employer Number _____
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Owner of Property Information:			
Owner's Name	Owner's Telephone Number	Email Address	
Owner's Address	City	State	Zip Code

Base Fee:	\$50.00	Gas Pressure Test	
Boiler:		___ residential	60.00
___ First 200,000 BTU	75.00	___ commercial/industrial	85.00
___ Each Additional 100,000 BTU	15.00	___ Generator ___ (gas fired)	70.00
Chimney, Chimney Liner, Fire Place Chimney:	Each Item	Hot Water and Steam Distribution:	
___ Chimney	65.00	___ 0" to 2" - First 40'	61.00
___ Chimney Liner		___ Each additional 10'	15.00
___ Gas Fireplace		___ 2 1/4" to 4" - First 40'	70.00
___ Wood Burning Stove		___ Each additional 10'	15.00
Conversion System: gas-oil or oil-gas		___ 4 1/4" and over - First 40'	105.00
___ First 200,000 BTU	70.00	___ Each additional 10'	15.00
___ Each add 100,000 BTU	15.00	___ Humidifier	35.00
Ductwork, Sheet Metal Piping:		Warm Air Furnace, P-Tac, Electric Unit Heater, Infrared, Temp.:	
___ First 40 feet	70.00	___ # of units & BTU rating for each unit	
___ Each additional 10 feet	15.00	(Each Unit Individually Priced: \$60 for 1 st 200,000 BTU and \$15 for each additional 100,000 BTU)	
___ Fire Damper	35.00	___ Air Handler	45.00
___ Exhaust Hood	70.00		
___ Grease Duct	70.00		
___ Exhaust Fan-1,000 cfm or less	35.00		
___ Over 1,000 cfm	85.00		
CFM Rating			
		Refrigeration Units including Self Contained System:	
		___ Evaporator Coil	35.00
		___ 5 hp or less	70.00
		___ Over 5 hp to 50 hp	105.00
		___ Over 50 hp	165.00
		HP/Ton Rating	
		Location: Rear yard Side yard	
		___ Spray Booth	70.00
		___ Water Heater (replacement only)	45.00
		___ Inspection - Rough (more than one rough inspection)	45.00
		___ Inspection - Special	75.00
		Remarks:	
		Total Permit Fee \$ _____	

This is not a permit. Installation may not commence until a mechanical permit has been secured.
 A copy of the permittee's State of Michigan Photo I.D./ Drivers License is required.
 A copy of the licensee's State of Michigan Mechanical License is required. ___ Registration Fee \$15.00).
 A copy of the licensee's State of Michigan Boiler's License is required for boiler installation ___ Registration Fee \$15.00).
 An original application with original signatures must be submitted for processing.
 Self-addressed stamped envelope must be submitted with all mail-in permits.

Section 23a of the State Construction 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 subjected to civil fines.

Owner's Signature	Date	Contractor's Signature	Date
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PLOT PLAN

The following must be included on the plot plan: ___1) dimensions of lot; ___2) location and sizes of side, front and rear yards; ___3) location of streets, easements and alleys; ___4) direction of north point; ___5) all existing and proposed buildings/structures located on same site; ___6) corner lots must be indicated. Note: requirements on HVAC, generators and other mechanical equipment, refer to City of Romulus Zoning Ordinance, Section 12.05 Projections into required front yards.

List: type, size ___horsepower rating) and location of Each unit					Alley											
					Street											

For Department Use Only	
___ Application Approval ___ Application Not Approved ___ Application Requires BZA Approval ___ Approved by Board of Zoning Appeals ___ Not Approved by Board of Zoning Appeals Appeal Number: _____ Date BZA appeal granted: _____ Remarks _____	Approved by: _____ <div style="display: flex; justify-content: space-between; margin-left: 100px; margin-right: 100px;"> Authorized Signature Date </div> Disapproved by: _____ <div style="display: flex; justify-content: space-between; margin-left: 100px; margin-right: 100px;"> Authorized Signature Date </div>