



**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


	<b>Fee</b>	<b>No.</b>	<b>Amount</b>
<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	15	_____	_____

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"> <b>City of Sylvan Lake</b>            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  <b>www.sylvanlake.org</b> </p>
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**STATE OF MICHIGAN REQUIRED INFORMATION**

License # \_\_\_\_\_ Issued by: \_\_\_\_\_ 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: \_\_\_\_\_

**“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 \_\_\_\_\_