



Replacement Residential Heating System/HVAC Permit Application

City of South Lyon
335 S. Warren Street
South Lyon, MI 48178

Telephone: (248) 437-5255 - Building Dept. / Fax: (248) 486-0049

SINGLE FAMILY DWELLINGS ONLY			
I. PROJECT OR FACILITY INFORMATION			
Name of Owner/Agent		CHECK ALL DISCIPLINES THAT REQUIRE DIRECT REPLACEMENT CONNECTIONS ☐ Electrical ☐ Mechanical	
Street Address and Job Location (Street Number & Name)			
II. APPLICANT/FACILITY CONTACT INFORMATION			
INDICATE WHO THE APPLICANT IS ☐ CONTRACTOR ☐ HOMEOWNER		NAME OF MECHANICAL CONTRACTOR OR HOMEOWNER	
Address (Street Number & Name)		City	State Zip Code
Telephone Number (include Area Code)		Contact E-mail	
INSTRUCTIONS This permit is for replacement of residential heating systems/HVAC. 1956 PA 217 and the Michigan Electrical Part 8 Rules allow mechanical contractors to perform certain electrical wiring as defined in the act as well as secure electrical permits and inspections.			
III. FEE SCHEDULE		FEE	# ITEMS
Permit Fee		\$80.00	1
Inspection Needed ☐ Furnace ☐ Air Conditioning ☐ Humidifier			
Registration Fee (if applicable)		\$15.00	\$
TOTAL PERMIT FEE			\$
IV. SIGNATURE			
SECTION 23A OF THE STATE CONSTRUCTION CODE ACT OF 1972, 1972 PA 230, MCL 125.1523A, PROHIBITS A PERSON FROM CONSPIRING TO CIRCUMVENT THE LICENSING REQUIREMENTS OF THIS STATE TO PERSONS WHO ARE TO PERFORM WORK ON A RESIDENTIAL BUILDING OR A RESIDENTIAL STRUCTURE. VIOLATORS OF SECTION 23A ARE SUBJECT TO CIVIL FINES.			
SIGNATURE OF CONTRACTOR (Contractor must hold both Plumbing & Mechanical Licenses)			
MECHANICAL LICENSE NUMBER		EXPIRATION DATE	
FEDERAL EMPLOYER ID NUMBER (or reason for exemption)	UIA NUMBER (or reason for exemption)	WORKERS COMP. INSURANCE CARRIER (or reason for exemption)	
V. HOMEOWNER AFFIDAVIT			
I hereby certify the electrical, mechanical and/or plumbing work described on this permit application shall be installed by myself, in my own home in which I am living or about to occupy. All work shall be installed in accordance with all Michigan Codes and shall not be enclosed, covered up, or put in operation until it has been inspected and approved by the City of South Lyon Inspector. I will cooperate with the City of South Lyon Inspector and assume the responsibility to arrange for necessary inspections.			
SIGNATURE OF CONTRACTOR OR HOMEOWNER (HOMEOWNER SIGNATURE INDICATES COMPLIANCE WITH SECTION V. HOMEOWNER AFFIDAVIT)			DATE



CITY OF SOUTH LYON

A2L Refrigerant Compliance Affidavit

Permit Number: _____

Property Address: _____

Contractor & System Information:

Company Name: _____

Mechanical License Number: _____

Technician's Full Name: _____

Technician EPA Certification Number: _____

Equipment Information:

Equipment Brand: _____ Model: _____

Refrigerant Type (e.g. R-32/R454B): _____ Total System Charge Lbs.: _____

Testing (testing was performed in accordance with ASHRAE 15 and UL60335-240, manufacture installation instructions and chapter 11 of the 2021 Michigan Mechanical Code).

Pressure Test: A nitrogen pressure test was conducted to a minimum of 500-600 PSI or to manufacture design pressure as listed on component labels.

Manufactures Listed Maximum Design Pressure: _____

Actual Test Pressure: _____

Results: The system found to be free of leaks

Vacuum Test: A vacuum test was performed, a vacuum was held less than 1500 Microns for duration of 10 minutes

Visual Inspection: All joints were checked for leaks

Detection System (if applicable): The Refrigerant Detection System (RDS) was tested and is operational per manufactures guidelines

Affirmation: All above information is true and accurate.

I understand that this affidavit is a requirement for final inspection and approval of the HVAC system

Signature of Responsible Technician: _____

Signature of Company Mechanical License Holder: _____

335 S Warren, South Lyon, MI 48178

248-437-1735

www.southlyonmi.org