

**REPLACEMENT Residential Cooling System/AC UNIT  
Permit Application  
City of Wixom**

49045 Pontiac Trail, Wixom MI 48393  
P: (248)-624-0880 F: (248)-624-0867



Permit # \_\_\_\_\_  
Date of Application \_\_\_\_\_

**SINGLE-FAMILY DWELLINGS ONLY**

**I. PROJECT OR FACILITY INFORMATION**

Name of Owner/Agent	CHECK ALL DISCIPLINES THAT REQUIRE DIRECT REPLACEMENT CONNECTIONS <input type="checkbox"/> Electrical <span style="margin-left: 100px;"><input type="checkbox"/> Mechanical</span>
Street Address and Job Location (Street Number & Name)	

**II. APPLICANT/FACILITY CONTACT INFORMATION**

INDICATE WHO THE APPLICANT IS <input type="checkbox"/> CONTRACTOR  <input type="checkbox"/> 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	TOTAL
<b>Permit Fee</b>	<b>\$108.00</b>	<b>1</b>	<b>\$108.00</b>
<b>Contractor Registration</b>	<b>\$ 15.00</b>	<b>1</b>	
<b>Description of Work to be Performed</b> <input type="checkbox"/> <b>Air Conditioning</b>	<b>NOTE:</b> A2L Refrigerant Compliance Affidavit must be completed and submitted prior to requesting inspection.  <b><u>See next page for the Affidavit!</u></b>		
NOTE: This is a dual-inspection permit	<b>Inspections: Monday-Thursday</b>		
<b>TOTAL PERMIT FEE</b>			<b>\$</b>

**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 SUBJECTED TO CIVIL FINES.**

SIGNATURE OF CONTRACTOR (Contractor must hold both Mechanical & Electrical Licenses)		
MECHANICAL LICENSE NUMBER	EXPIRATION DATE	
FEDERAL EMPLOYER ID NUMBER (or reason for exemption)	UIA NUMBER (or reason for exemption)	GENERAL LIABILITY INSURANCE (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 Wixom Inspector. I will cooperate with the City of Wixom Inspector and assume the responsibility to arrange for necessary inspections.

SIGNATURE OF HOMEOWNER <small>(INDICATES COMPLIANCE WITH SECTION V-HOMEOWNER AFFIDAVIT)</small>	DATE
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## A2L REFRIGERANT COMPLIANCE AFFIDAVID

Permit Number:

Property Address:

Contractor & System Information:

Company Name:

Mechanical License Number:

Technician Full Name:

Technician EPA Certification Number:

Equipment Brand:

Model:

Refrigerant Type (e.g. R-32/R-454B)

Total System Charge lbs.:

Testing (Testing was performed in accordance with ASRAE 15 and UL60335-2-40, manufacture installation instructions and chapter 11 of the 2021 Michigan Mechanical Code)

Piping System shall be pressure and leak tested. Per section 1110.5 of 2021 Mechanical Code, methods No.1 and No.2, provide listed minimum design pressure allowed on system components: \_\_\_\_\_ PSI.

Actual Test Pressure: \_\_\_\_\_ PSI

Results: The system found to be free of leaks

Vacuum test: A vacuum test was performed and vacuum was held less than 1500 Microns for duration of 10 minutes.   
Actual vacuum at completion test was \_\_\_\_\_ microns.

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 . If not applicable, note the reason why: \_\_\_\_\_

Affirmation: All above information is true and accurate

**I understand that this affidavit is a requirement for Final Inspection and approval of the AC system.**

Signature of Responsible Technician:

Signature of Company Mechanical License Holder:

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(Technician EPA certification number is required per Section 608 of the Clean Air Act implemented through the EPA regulations under Act 40 CFR Part 82, Subpart F.)