



City of Ecorse

Ecorse
3869 W Jefferson
Ecorse, MI 48229
Ph: 313-386-3636

Commercial Certificate of Compliance Application

FURNACE INSPECTION REPORT OR STATE BOILER INSPECTION REPORT IS REQUIRED

New Business

Renewal

Change of Ownership

PROPERTY	<i>Address</i>	<i>Zoning District:</i>
	<i>Tax I.D. #</i>	
PROPERTY OWNER	<i>Name</i>	<i>Ph</i>
		<i>Fax</i>
	<i>Address</i>	<i>Email</i>
	<i>Driver's License#</i>	
TENANT	<i>Business Name</i>	<i>Ph</i>
		<i>Fax</i>
	<i>Type of Business</i>	<i>Email</i>
	<i>Days and Hours of Business</i>	<i>Number of Employees</i>
BUSINESS OWNER/ MANAGER	<i>Contact Name</i>	<i>Ph</i>
		<i>Fax</i>
	<i>Address</i>	<i>Email</i>
	<i>Driver's License#</i>	

ITE IS UNLAWFUL TO USE OR OCCUPY A STRUCTURE WITHOUT A CERTIFICATE OF USE AND OCCUPANCY UNDER MICHIGAN COMPILED LAW 125.1513

FLOOD PLAIN

Yes No DNR-E Permit # _____ Approval _____

BUILDING SQUARE FOOTAGE _____ OCCUPANCY LOAD _____

NEW USE OR OCCUPANCY: PLEASE SUBMIT TWO (2) PLOT PLANS AND FLOOR PLANS INDICATING ANY PROPOSED CHANGES AND/OR PROPOSED DEMOLITION DRAWN TO SCALE. PLANS SHOULD BE PREPARED COMPETENTLY, AND DEPENDING ON THE EXTENTION OF WORK, MAY REQUIRE AN ARCHITECTURAL OR ENGINEERING SEAL. PLOT PLAN SHALL INCLUDE THE FOLLOWING; LOT LINES AND DIMENSIONS; BUILDING DEMENSIONS AND SETBACKS; SIDEWALKS; FENCES AND SCREENING WALLS; DUMPSTER LOCATION AND SCREENING; OUTDOOR LIGHTING; PROPOSED OUTDOOR STORAGE; PARKING; AND SIGNAGE. NOTE: NEW SIGNAGE WILL REQUIRE ADDITIONAL PERMITS. PLEASE INCLUDE: LEASE AGREEMENT OR PROOF OF OWNERSHIP AND BUSINESS OWNER PHOTO ID.

BUILDING USE OPTIONS

Existing/Previous Use: _____

Proposed Use: _____

USE-OCCUPANCY CLASSIFICATION

- | | |
|---|---|
| <input type="checkbox"/> Vacant more than 6 months | <input type="checkbox"/> H-5 Hazardous production materials |
| <input type="checkbox"/> A-1 Assembly, theaters | <input type="checkbox"/> I-1 Institutional, supervised residential care |
| <input type="checkbox"/> A-2 Assembly, nightclubs, bars, restaurants | <input type="checkbox"/> I-2 Institutional, incapacitated, hospital, nursing home |
| <input type="checkbox"/> A-3 Assembly, rec centers, religious buildings | <input type="checkbox"/> I-3 Institutional, restrained, prisons |
| <input type="checkbox"/> A-4 Assembly, indoor sporting facilities | <input type="checkbox"/> M Mercantile |
| <input type="checkbox"/> A-5 Grandstands, stadiums, outdoor sporting events | <input type="checkbox"/> R-1 Residential, hotels, motels, boarding houses |
| <input type="checkbox"/> B Business | <input type="checkbox"/> R-2 Residential, multiple-family, fraternity, sorority |
| <input type="checkbox"/> E Educational | <input type="checkbox"/> R-3 Residential, 1 and 2 family and townhouses |
| <input type="checkbox"/> F-1 Factory and industrial, moderate hazard | <input type="checkbox"/> R-4 Assisted living (6-16 occ.) |
| <input type="checkbox"/> F-2 Factory and industrial, low hazard | <input type="checkbox"/> S-1 Storage, moderate hazard |
| <input type="checkbox"/> H-1 High hazard, detonation hazards | <input type="checkbox"/> S-2 Storage, low hazard |
| <input type="checkbox"/> H-2 High hazard, deflagration hazards | <input type="checkbox"/> U Utility, miscellaneous, garages, fences, sheds |
| <input type="checkbox"/> H-3 High hazard, physical hazards | <input type="checkbox"/> Mixed Uses _____ |
| <input type="checkbox"/> H-4 High hazard, health hazards | |

SUPPRESSION SYSTEM

- | | | |
|-----------------------------------|---------------------------------------|-----------------------------------|
| <input type="checkbox"/> NFPA-13 | <input type="checkbox"/> Limited Area | <input type="checkbox"/> Partial |
| <input type="checkbox"/> NFPA-13R | <input type="checkbox"/> Range Hood | <input type="checkbox"/> Complete |
| <input type="checkbox"/> NFPA-13D | <input type="checkbox"/> None | |

ALARM SYSTEM

- | | | | | |
|---|--|-------------------------------|----------------------------------|-----------------------------------|
| <input type="checkbox"/> Manual | <input type="checkbox"/> Automatic Detection | <input type="checkbox"/> None | <input type="checkbox"/> Partial | <input type="checkbox"/> Complete |
| <input type="checkbox"/> Single Use | | | | |
| <input type="checkbox"/> Mixed Use - Separation Option: <input type="checkbox"/> Non-separated uses <input type="checkbox"/> Separated uses <input type="checkbox"/> Separate buildings | | | | |

ZONING

Proposed Construction: Interior Only Exterior/Façade Addition None

To initiate a site planned project, contact the Building Department for additional applications/fees, escrow for Planning Consultant review, meeting dates and deadlines.

Signature of Applicant: _____ **Date:** _____

OFFICE USE ONLY

ZONING NOTES

Zoning: _____	Use: _____
Front Yard: _____	Side: _____
Rear: _____	Side: _____

FEES

Inspection Fee: _____	Escrow: _____
Plan Review Fee: _____	

BUILDING NOTES

Notes: _____

Approval: _____ Date: _____ C of O # _____