



Building Department  
3869 W Jefferson, Ecorse MI 48229  
313-386-3636

**APPLICATION FOR CERTIFICATE OF COMPLIANCE**  
*RENTAL/RESALE/COMMERCIAL*

PROPERTY ADDRESS \_\_\_\_\_ Number of Units: \_\_\_\_\_

HAS THIS PROPERTY BEEN VACANT FOR MORE THAN 6 MONTHS: \_\_\_\_\_

**CHECK ONE**

\_\_\_\_\_ RENTAL    \_\_\_\_\_ SALE    \_\_\_\_\_ COMMERCIAL

**\*\*Certificate of Occupancy Inspections are done only on Tuesdays\*\***

**APPLICANT INFORMATION**

Owner Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Driver's License Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

I hereby certify that the information submitted on this application is accurate and correct. I recognize that the issuance of this application shall not grant approval to violate any of the provisions of the building codes or zoning ordinances enforced by this jurisdiction, county, state or federal law.

HOW DO YOU WANT YOUR INSPECTION REPORT \_\_\_\_\_ EMAIL \_\_\_\_\_ MAIL

\_\_\_\_\_  
Signature of Applicant \_\_\_\_\_ Date

PERMIT NO \_\_\_\_\_ INSPECTION DATE \_\_\_\_\_ FEE \_\_\_\_\_