



City of  
**Ecorse**

**CITY OF ECORSE**  
**BUILDING DEPARTMENT**  
**3869 W Jefferson**  
**ECORSE, MI 48229**  
PH: (313) 386-3636



**SALE OF PROPERTY**

**APPLICATION FOR CERTIFICATE OF APPROVAL**

Property Address: \_\_\_\_\_ No. of units: \_\_\_\_\_

Status:  Vacant       Owner Occupied       Tenant Occupied

**APPLICANT INFORMATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Check if Applicant is same as Owner

**OWNER'S INFORMATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

INSPECTION REQUESTED BY:  Property Owner       Realtor       Property Agent

RESALE INSPECTION FEE: \$180.00 + \$140 ea. addl. unit (payment due with application)

*I hereby affirm that I am the applicant of the above referenced property. By signing this form, I agree to comply with the Ecorse Ordinance Sec. 7-1.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

<b>FOR OFFICE USE ONLY</b>	
Inspection Date: _____	Results: _____
Inspector Name: _____	Certificate Number: _____