



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 _____

Responsible Party Name _____

City _____ State _____ Zip _____

Phone Number _____

Email Address _____

Responsible Party Driver's License Number _____

Responsible Party 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 _____