



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

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

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

**CHECK ONE**

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

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

**APPLICANT INFORMATION**

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

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

Responsible Party Name and Address \_\_\_\_\_

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.

I also understand by signing this as the responsible party I am taking all responsibility of said property

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

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