



City of  
**Ecorse**

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

### VACANT PROPERTY APPLICATION

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

<b>APPLICANT INFORMATION</b>
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Applicant/Responsible Party 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.

**Upon signature below, the City of Ecorse will do an exterior only inspection of the property. Any blight or building violations found must be fixed within 21 days of inspection. Failure to correct any violations will result in a court appearance ticket.**

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

PERMIT NO \_\_\_\_\_ Inspection Date \_\_\_\_\_ FEE 150.00

**YOU MUST PROVIDE A COPY OF A DRIVERS LICENSE OR STATE ID**