



City of Ecorse
Building Department
3869 W. Jefferson Ave. Ecorse MI 48229
313-386-3636

APPLICATION FOR CERTIFICATE OF OCCUPANCY RENTAL/SALE

PROPERTY ADDRESS: _____ Number of Units: _____

HAS THIS PROPERTY BEEN VANCANT FOR MORE THAN 6 MONTHS: _____

****Certificate of Occupancy Inspection done every Tuesday only****

APPLICANT INFORMATION

Name: _____ Address: _____

City: _____ State _____ Zip: _____

Phone number: _____ E-mail 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, federal law.

Signature of applicant

Date

Inspection Date: _____

Office use only

Building Inspection report attached Application fee: _____

Reviewed by: (reports attached)

Building Department: _____ Zoning/Planning: _____

Approving Official: _____ Date: _____

Notes: _____