



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: \_\_\_\_\_