



City of
Ecorse

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

VACANT PROPERTY APPLICATION

PROPERTY ADDRESS _____ Number of Units: _____

APPLICANT INFORMATION

Owner 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.

Signature of Applicant

Date

PERMIT NO _____

FEE 50.00

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