



City of
Ecorse

CITY OF ECORSE
BUILDING DEPARTMENT
3869 W Jefferson
ECORSE, MI 48229
PH: (313) 386-3636



SALE OF PROPERTY

APPLICATION FOR CERTIFICATE OF APPROVAL

Property Address: _____

Status: Vacant Owner Occupied Tenant Occupied

APPLICANT INFORMATION

Name: _____

Address: _____

Phone: _____ Email: _____

Check if Applicant is same as Owner

OWNER'S INFORMATION

Name: _____

Address: _____

Phone: _____ Email: _____

INSPECTION REQUESTED BY: Property Owner Realtor Property Agent

RESALE INSPECTION FEE: \$180.00 (payment due with application)

I hereby affirm that I am the applicant of the above referenced property. By signing this form, I agree to comply with the Ecorse Ordinance Sec. 7-1.

Signature

Date

FOR OFFICE USE ONLY	
Inspection Date: _____	Results: _____
Inspector Name: _____	Certificate Number: _____