



# CITY OF INKSTER

## DEPARTMENT OF BUILDING & SAFETY

Application for "On-Site" Inspection and Certificate of Occupancy  
Office: 313-563-7716 Fax: 313-563-6521

Address of Structure: \_\_\_\_\_ Suite# \_\_\_\_\_ Date \_\_\_\_\_

Name of Applicant \_\_\_\_\_ Telephone # \_\_\_\_\_

Please submit the following information along with a processing fee of \$150.00

### Owner Information

Property Owner \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone # \_\_\_\_\_ Square footage of principal building \_\_\_\_\_

### Commercial and Industrial Only

Name of Business \_\_\_\_\_

Brief Description \_\_\_\_\_

Contact person \_\_\_\_\_ Telephone# \_\_\_\_\_

Contact Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Type: Commercial \_\_\_\_\_ Industrial \_\_\_\_\_ Multifamily Residential \_\_\_\_\_

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

### Departmental Use Only

Property I.D. Number: \_\_\_\_\_ Zoning \_\_\_\_\_

Full C of O \_\_\_\_\_ Temporary C of O \_\_\_\_\_ Length of TCO \_\_\_\_\_ Bond Amount \_\_\_\_\_

Remarks: \_\_\_\_\_

Authorizing Signature \_\_\_\_\_ Date Approved \_\_\_\_\_