



Department of Building and Planning  
36300 Warren, Westland, Michigan 48185 734-467-3210

**CITY OF WESTLAND**

An All **AMERICAN** City  
www.cityofwestland.com

**William R. Wild - Mayor**

Application for Zoning Compliance

Business Certification

**NOTICE: YOU MAY NOT OCCUPY THIS BUILDING WITHOUT A CERTIFICATE OF OCCUPANCY!!!**

Date \_\_\_\_\_ Zoning \_\_\_\_\_ Permit Number \_\_\_\_\_

Location of Building \_\_\_\_\_

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

Applicant \_\_\_\_\_

Applicant Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Contact Phone # \_\_\_\_\_ Alt. Phone # \_\_\_\_\_

Previous occupancy \_\_\_\_\_

Intended use of Building (BE SPECIFIC) \_\_\_\_\_

Miscellaneous information concerning your business or use of the lot / lots that may be important to this report: \_\_\_\_\_

Property owner information

Name \_\_\_\_\_ Phone \_\_\_\_\_

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

Building Size \_\_\_\_\_ Lot Size \_\_\_\_\_

THIS ZONING CERTIFICATE IS REQUIRED TO ENABLE THE BUILDING INSPECTOR TO ASCERTAIN WHETHER THE PROPOSED USE OR WORK IS IN CONFORMANCE WITH THE ZONING ORDINANCE NO. 248, ARTICLE III, SECTION 3.9 OF THE CITY OF WESTLAND.

You are required to call the phone number listed to arrange for the required inspections from the Building department, **Please wait 3 business days before calling.** We will **require a ladder** to access above drop ceilings and access to the roof of the building.

All Heating Equipment will require a cleaning and CO test by a licensed contractor. Results required on a paid receipt with contractor's license number listed.

*You are required to contact the Fire Department at 734-467-3201 to arrange for the required inspections.*

**All information provided is true and complete to the best of my knowledge, and I have read and understand all parts of this application:**

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

***If no action is taken within 90 days, this application becomes void.***

For department use only:

Address: \_\_\_\_\_ BSA # \_\_\_\_\_

Approved       Not Approved      Planning Director \_\_\_\_\_  
Comment \_\_\_\_\_ Date \_\_\_\_\_

Approved       Not Approved      Engineering Dept. \_\_\_\_\_  
Comment \_\_\_\_\_ Date \_\_\_\_\_

Approved       Not Approved      Inspector \_\_\_\_\_  
Type of Inspection \_\_\_\_\_ Date / s \_\_\_\_\_

Use Group \_\_\_ Building Construction Type \_\_\_\_\_ Sprinkler System – YES / NO

The following items are required to be repaired / replaced and reinspected before a certificate of occupancy can be issued.

1. \_\_\_\_\_
2. \_\_\_\_\_
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