



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. _____
3. _____
4. _____
5. _____
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13. _____
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25. _____