



BUILDING DEPARTMENT

734-467-3210 inspection@cityofwestland.com

CITY OF
WESTLAND

An All AMERICAN City
www.cityofwestland.com
William R. Wild - Mayor

HOME SALE or TRANSFER CERTIFICATION APPLICATION

(SUBJECT TO CITY OF WESTLAND CODE OF ORDINANCES: ARTICLE XI - DIVISION 2 - SEC. 22-381)

Type of Building: single family - \$180 condo - \$180 duplex - \$360 multi-family - \$360 + \$20/additional unit

Address to be inspected: _____

Applicant is the: Seller Purchaser (must submit copy of signed purchase agreement)

Name: _____ Phone #: _____

Address (if different than above): _____

Email address: _____

Signature: _____ Date: _____

Realtor/Estate Representative Information (if applicable; authorization documentation required)

Name: _____ Phone #: _____

Address (if different than above): _____

Email address: _____

Signature: _____ Date: _____

*****DEPARTMENT USE ONLY*****

Inspection Date: _____ Time Frame: 9am – 12pm 12pm – 4pm Lock Box Code _____

Cancellations must be done prior to the first inspection and 25% will be withheld from the inspection fees

Application No. _____ Processed by: _____ Date: _____

Also required:

Furnace Certification by a licensed mechanical contractor registered with the City of Westland on provided form.

Roof Letter signed by purchaser accepting the condition of the roof as is.