

City of Westland

MOHAMED AYOUB
DIRECTOR

ROGER SHIFFLETT
BUILDING OFFICIAL

KEVIN COLEMAN
MAYOR



**PLANNING & BUILDING
DEPARTMENT**

36300 WARREN RD
WESTLAND, MI 48185
734-467-3210

PLANNING@CITYOFWESTLAND.COM
BUILDING@CITYOFWESTLAND.COM

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 Division, **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 Official 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 re-inspected before a certificate of occupancy can be issued.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
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13. _____
14. _____
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25. _____