



City of Southgate – Rental Application

DEPARTMENT OF BUILDING AND SAFETY ENGINEERING

14400 DIX-TOLEDO ROAD, SOUTHGATE, MICHIGAN 48195

PHONE: (734) 258-3030 FAX: (734) 281-6670

www.southgatemi.org

CERTIFICATE OF OCCUPANCY PROCEDURE FOR SINGLE FAMILY HOUSING

FEE: \$175.00

1. On submission of the completed application and the required fee, the Building Department shall schedule an appointment for the building to be inspected by the following for (4) inspectors: building, plumbing, electrical and mechanical within **15 days**. Inspections are scheduled on a Mon or Wed from 8:30 to 4:30 PM.
2. Applicant must provide the building department with a copy of a CO (Carbon Monoxide) test completed by a Licensed Contractor.
3. If the inspection finds no corrections are required, a full Certificate of Occupancy (C of O) will be issued.
4. If the inspections reveal corrections to be made, a list of the needed corrections will be provided to you. Results may take up to **TEN business days and will not be given over the phone**. Some corrections may require additional permits. Upon completion of the needed corrections, you must contact the Building Department to schedule the necessary re-inspections(s).
5. For faster processing, please provide a valid email address. Correction letters and any other correspondence regarding the rental, including, but not limited to the C of O, can also be sent via email.
6. When all inspections are approved, a full C of O will be issued.

THE BUILDING IS NOT TO BE OCCUPIED WITHOUT A CERTIFICATE OF OCCUPANCY

Date of scheduled inspection _____



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CERTIFICATE OF OCCUPANCY SINGLE FAMILY RESIDENTIAL RENTAL HOUSING APPLICATION

The undersigned hereby makes application for a Certificate of Occupancy for the use of the property below as a residential rental home.

Date	
Owner's Name	
Property Address	
Phone	
Property Management Name (if applicable)	
Owner/Property Mgmt Mailing Address	
Phone	
Fax	
Email	

TENANT INFORMATION

NAME: _____ PHONE: _____

Please initial the following that you've read and understand the following:

1. Results of inspections **WILL NOT** be given over the phone. x _____
2. Corrections letter will be available within **TEN BUSINESS DAYS** x _____
3. Failure to be present and/or allow access to the property on date of scheduled inspection between normal inspection hours of 8:30-4:30 will result in a \$40 re-inspection fee PER INSPECTOR. x _____

I hereby affirm that all of the above information is true to the best of my knowledge and that the property structure(s) will be in compliance with the provisions of all applicable Codes and Ordinances.

X _____
HOMEOWNER'S SIGNATURE

DATE OF INSPECTION