

CITY OF WYANDOTTE
CERTIFICATE OF APPROVAL
APPLICATION FORM

Property Address: _____

Owner(Sellers)

Name: _____

Address: _____

Phone Number: _____

Email Address: _____

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Office Use Only:

Affidavit for Temporary Transfer of Utilities: Yes No

Verify with Master File: Single Two Multiple Other

Completed Certificate of Occupancy: Single Two Multiple Other

Case No.: _____

Date of Inspection: _____ Time of Inspection: _____

PLEASE MAIL TO: Engineering and Building Department
3200 Biddle Avenue, Suite 200
Wyandotte, MI 48192

EMAIL TO: engineering1@wyandottemi.gov