



CENTER LINE CITY CERTIFICATION APPLICATION

(This application must be filled out by the Seller or Buyer)

PLEASE READ THE INFORMATION BELOW

RESULTS WILL BE GIVEN IN WRITING WITHIN 5 TO 7 WORKING DAYS
NO INFORMATION WILL BE GIVEN OVER THE PHONE, BY FAX OR BY EMAIL

Due to the volume of inspections, we are unable to schedule specified times. Inspections are performed between 9:00 A.M. and 4:00 P.M. on Tuesday and Thursday of each week, unless otherwise notified. Should you wish to have a more narrowed time frame, you may call 586-757-6800 the morning of your inspection and speak with the inspectors personally.

The \$250.00 fee includes **one (1)** reinspection, however, it does **not** include any permit fees, should there be any required by the inspection results.

There will be two (2) inspectors that will inspect the property. The inspectors do **not** travel together. Persons unable to be present during the inspection may leave a key with City Hall or install a lockbox and leave the combination with City Hall. Failure on the applicant's part to be present during a scheduled inspection, or provide the City or the inspector with a key to the property, or a lockbox combination, may be subject to an additional charge of \$50.00 per occurrence.

Inspectors do not call before going to a property for a scheduled inspection.

NOTE: INSPECTORS MUST HAVE ACCESS TO GARAGE(S).

I, _____, have read and understand the above paragraphs.
Print Name of Applicant

Signature of Applicant

Date

NAME _____ SELLER OR BUYER (Circle One)

ADDRESS _____ **Center Line, MI 48015** (Location to be inspected)
(Street Address)

PHONE WHERE YOU CAN BE REACHED: HOME: _____

CELL PHONE: _____ WORK: _____

DRIVERS LICENSE # (of applicant): _____ STATE ISSUED: _____
(A copy of the applicant's driver's license is required)

WILL SOMEONE BE AT THE HOME? YES _____ NO _____ LOCKBOX# _____
****Please note: Inspectors will not call before going to the property****

MAILING ADDRESS (if different from above) _____
(P.O. Box is not acceptable) (Street Address)

(City, State, Zip)

OFFICE USE ONLY: RECEIVED: _____ BY: _____
(Date) (Initials)

DATE OF INSPECTION: _____ RECEIPT #: _____

\$250.00 FEE PAID CHECK: _____ CASH: _____ CREDIT CARD: _____