# CITY CERTIFICATION APPLICATION

SUBMIT FORM

_____ SELLER OR BUYER ***(Circle One)***
APPLICANT NAME

**Center Line, MI 48015**
PROPERTY ADDRESS ***(Property to be inspected)***

HOME PHONE _____ CELL PHONE _____ WORK PHONE _____

EMAIL ADDRESS _____ 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# _____
***(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)*

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

- Results will be issued in writing within 5 to 7 days. Results will not be given over the phone, by FAX, or Email.
- Due to the volume of inspections, the city is 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.
- 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.
- INSPECTORS MUST HAVE ACCESS TO GARAGE(S).

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

_____ _____
Signature of Applicant Date

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

DATE OF INSPECTION: _____ RECEIPT #: _____

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