



6154 Mayfield Road, Mayfield Heights, OH 44124
Phone: 440-442-2107 Fax: 440-442-7662

APPLICATION FOR RESIDENTIAL POINT OF SALE INSPECTION

Exterior of the Dwelling Structure and Premises (Condominium units and cluster homes, where the owner is not responsible for exterior maintenance, do not require a Point of Sale inspection- Chapter 1339; Certificates of Inspection)

(PRINT OR TYPE)

FEE: \$100.00

ADDRESS OF PROPERTY:

TITLED OWNER(S):

OWNER'S ADDRESS:

EMAIL REPORT TO OWNER (optional):

HOME PHONE: OTHER PHONE:

REPRESENTATIVE SUBMITTING APPLICATION ON BEHALF OF OWNER: (P.O.A., Realtor, Executor, etc.)

*(AGENTS/OTHERS SIGNING FOR OWNERS must submit written authorization from the property owner when submitting an application.)

Name: Relation:

Company: Phone No.:

Address:

Email Report to Applicant (optional):

TYPE OF DWELLING: Single-Family Dwelling Multi-Family Dwelling

- How Long Have You Owned the House (date or number of years)?
House Is Occupied By: Owner(s) or Tenant(s) or Vacant
Was, or is, the house a rental property? NO YES If yes, for how long? Years
Are you aware of any outstanding exterior violations previously cited by the City? (previous point of sale inspection, exterior maintenance inspection, or rental inspection) NO YES
Is the house currently a public health nuisance? NO YES
Authorize city inspector to perform exterior inspection of entire property NO YES
Are you the homeowner? No Yes If no, did you provide written authorization from the owner, as required?

I hereby request a general point of sale inspection of the exterior of the dwelling structure and premises at the above-mentioned property and agree to adhere to all rules, regulations and fees of said inspection as required by the Codified Ordinances of the City of Mayfield Heights.

Property Owner - Sign Name

Print Name

Date

FOR OFFICE USE ONLY

RECEIPT NUMBER: DATE OF INSPECTION: