

Application for Point of Sale Certificate of Inspection

The City of Garfield Heights, Building Department

5407 Turney Road, Garfield Heights, Ohio 44125

P: 216-475-3835 – F: 216-475-6081

I hereby request a Point of Sale inspection be performed at the property listed below in order to comply with the provisions of Chapter 1313 of the Codified Ordinances of the City of Garfield Heights. A fee of \$125.00 for the first dwelling unit and \$40.00 for each additional unit in the structure accompanies this application. (All checks are to be made payable to City of Garfield Heights.) This application is presented with an understanding of/agreement with the following:

1. The Inspection is valid for transfer purposes for one year from the date of the **original** inspection.
2. The Seller is required to give the Buyer a copy of the most recent Certificate of Inspection and obtain from the Buyer a signed statement that the Buyer has seen it. The Building Department will provide a form that must be returned prior to transfer. The signatures must be notarized. Facsimile transmissions will not be accepted. A Buyer who assumes violations must also have Buyers Affidavit signed/notarized and returned to the Building Department; violations must be corrected within 90 days from the date of transfer. **There is no escrow requirement at this time through 11/06/16.**
3. Once the inspection is completed, all violations must be corrected within 90 days of the date of inspection. This applies if the property is taken off the market or for any other reason is not sold.
4. A property owner who fails to appear at the scheduled inspection time and date agreed to at the time the application for a certificate of inspection is filed with the city shall be charged a fee of twenty-five dollars (\$25.00) unless the Building Dept. is notified the previous business day. A re-inspection fee of thirty-five dollars (\$35.00) shall be charged for each re-inspection *after the first two re-inspections.*
5. The City assumes no liability or responsibility for failure to report violations that may exist, and does not warrant the repairs made pursuant to the inspection.

Note: It is the Applicant's responsibility to contact the Building Department to schedule the Inspection.

Please Print

Date of Application ___/___/___

Property Address _____ Zip _____

Type of Structure: () Single () 2-Family () Condo () Retail () Commercial

Full Name of Property Owner: _____ Date of Birth: _____

Mailing Address _____ () Business () Residence

City _____ State _____ Zip _____ Phone #: _____

(We cannot accept a PO Box as a valid address)

If Bank owned Full Name of local Servicing Co. _____ Phone #: _____

Contact Name: _____ Address: _____ City: _____ St: _____ Zip: _____

Real Estate Agent: _____ Realty Company: _____

Mailing Address: _____ City _____ State _____ Zip _____

Signature of Applicant: _____ Phone #: _____

Printed Name of Applicant: _____

Email: _____

Date of Inspection _____ Cash _____ Check Number _____
Time _____ Inspector _____
Permanent Parcel #: _____