



**THE CITY OF MAYFIELD HEIGHTS
BUILDING DEPARTMENT**

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

APPLICATION FOR RESIDENTIAL POINT OF SALE INSPECTION

(PRINT OR TYPE)

FEE: \$50.00 (cash or check)

PLEASE NOTE: All information contained within this application is public record. The City is obligated to provide a copy to anyone requesting this document for any purpose.

ADDRESS OF PROPERTY _____

TITLED OWNER(S): _____

OWNER'S ADDRESS: _____

EMAIL REPORT TO (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 (optional): _____

TYPE OF DWELLING: Single Family Condominium Two Family Duplex

DOES HOUSE HAVE: Septic System Water Well Sump Pump Underground Sprinkler System

- How Long Have You Owned The House: _____ Date/Year of Purchase: _____
- 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 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

THE FOLLOWING QUESTIONS MUST BE ANSWERED:

1. Are you aware of any structural deficiencies in your house? _____ NO _____ YES

If yes, please explain: _____

2. Do the roofs leak? House Roof _____ NO _____ YES Garage Roof _____ NO _____ YES

If yes, please explain: _____

3. Is there water seepage or dampness in the basement or crawl space? _____ NO _____ YES

If yes, please explain: _____

4. Is there a sewer problem or backup into the home? NO YES

If yes, please explain: _____

5. Do all windows in the home open and close properly? NO YES

If no, please explain: _____

6. Has the furnace/boiler been professionally cleaned, serviced and inspected within the last twelve months?

NO YES (Receipt for this service must be provided.)

7. Has the air conditioning equipment been professionally cleaned, serviced and inspected within the last twelve months? N/A NO YES (Receipt for this service must be provided.)

8. Has the fireplace(s) in the home been inspected/cleaned within the last twelve months?

N/A NO YES (Receipt for this service must be provided.)

9. Is there additional wall or room heating equipment in the home or garage? NO YES

Location: _____

Has this equipment been cleaned, serviced and inspected within the last 12 months?

N/A NO YES (Receipt for this service must be provided.)

10. I have answered these questions to the best of my knowledge YES NO

(If No, Explain): _____



I am aware it is my responsibility, as a seller, to disclose all information I am providing in this application and any violation which is found as a result of this requested inspection.

I understand that the Mayfield Heights Building Department performs a general inspection of my home and property and does not inspect nor certify the home's roof, drainage system, structural members, mechanical systems nor any area which is not clearly accessible or visible at the time of the inspection.

I hereby request a general point of sale inspection 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.

***AGENTS/OTHERS SIGNING FOR OWNERS**

(P.O.A.'s, realtors for occupied or vacant properties, etc.) must submit written authorization from the property owner when submitting an application.

Property Owner - Sign Name

Print Name

Date

FOR OFFICE USE ONLY

RECEIPT NUMBER: _____

DATE OF INSPECTION: _____