



**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**

Please note that in March 2020, the point of sale inspection changed from interior/exterior to the exterior of the dwelling structure and premises; however, that does not include access to the back yard.

Condominium units and cluster homes, where the owner is not responsible for exterior maintenance, are no longer required to have a point of sale inspection.

The fee has been reduced to \$25.00

See the next page for the application.



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**APPLICATION FOR RESIDENTIAL POINT OF SALE INSPECTION  
(Exterior of the Dwelling Structure and Premises)**

Please note that this does not include the Inspector accessing the back yard.

(PRINT OR TYPE)

**FEE: \$25.00**

**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 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

*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.*

**\*\*AGENTS/OTHERS SIGNING FOR OWNERS:** (P.O.A.'s, Realtors, 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: \_\_\_\_\_