



APPLICATION FOR CERTIFICATE OF INSPECTION
CITY OF CLEVELAND HEIGHTS, DIVISION OF INSPECTIONAL SERVICES
40 SEVERANCE CIRCLE, CLEVELAND HEIGHTS, OHIO 44118
216-291-5900 FAX 216-291-4881

I hereby request the City of Cleveland Heights make a Point-of-Sale inspection at the property listed below in order to comply with the provisions of Chapter 1329 of the Housing Code. A fee of \$150.00 for the first dwelling unit and \$50.00 for each additional unit in the structure accompanies the application. (All checks or money orders are to be made **payable to the City of Cleveland Heights.**)

This application is tendered with the understanding of, agreement with, the following:

- The inspection is valid for one year from the date of issuance for the purpose of selling or otherwise conveying an interest in this property.
- The seller is required to provide the initial Certificate of Inspection to a prospective purchaser prior to execution of contract of sale.
- The Acknowledgement Form signed by the purchaser acknowledging receipt of the initial Certificate of Inspection must be returned to the Division of Inspectional Services prior to transfer of title.
- The City requires funds be held in escrow for any Class "A" violation not corrected prior to transfer. The amount to be retained shall be 125% of the estimates from the City of Cleveland Heights Inspectional Services Division.
- The owner is responsible for correcting all violations found at the time of inspection within ninety (90) days, irrespective of whether or not the property is on the market, unless extended for good cause.
- The purpose of the inspection is to benefit the community at large and is not intended to protect the interests of any individual, owner, successor owner or occupant of the property.
- 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.

IT IS THE APPLICANT'S RESPONSIBILITY TO CONTACT INSPECTIONAL SERVICES TO SCHEDULE THE INSPECTION.

PLEASE PRINT

DATE OF APPLICATION _____

ADDRESS OF PROPERTY TO BE INSPECTED _____

TYPE OF STRUCTURE () SINGLE COACH HOUSE YES () NO () () CONDO () TWO-FAMILY
 () THREE FAMILY () APT. # OF UNITS _____ () COMMERCIAL # OF UNITS _____

NAME OF PROPERTY OWNER _____

MAILING ADDRESS _____ CITY _____

STATE _____ ZIP _____ PHONE NUMBER (_____) _____

REAL ESTATE AGENT _____

REALTY COMPANY _____

MAILING ADDRESS _____ CITY _____

STATE _____ ZIP _____ PHONE NUMBER (_____) _____

SIGNATURE OF APPLICANT _____ PHONE NUMBER (_____) _____

CASH _____

CHECK NUMBER _____

DATE OF INSPECTION

TIME

INSPECTOR