VILLAGE OF CUYAHOGA HEIGHTS
4863 East 71st Street, Cuyahoga Heights, Ohio 44125
Phone: (216) 641-7020
Fax: (216) 641-8485

POINT OF SALE APPLICATION

(Please print)

As owner I _____ hereby request a "Point of Sale" inspection be performed on my property located at _____, Cuyahoga Heights, Ohio for the purpose of compliance with **Ordinance 2007-103** of the Village of Cuyahoga Heights' housing code.

Type of Dwelling: ☐ **Single-Family** ☐ **Two-Family** ☐ **Three-Family** ☐ **Four-Plex**

Property Owner: _____

Property Owner's Address: _____

Telephone Numbers: (Home) _____ **(Work)** _____ **(Cell)** _____

.....

Name of Real Estate Company: _____

Agent Name: _____

Telephone Numbers: (Office) _____ **Cell/Pager:** _____

I understand and agree that I will be responsible for all violations found at the time of this inspection or will file an agreement of an assumption, in accordance with building department requirements and I will not transfer title until these requirements are met.

This inspection is valid for one (1) year from the initial inspection date.

I also understand that neither the village of Cuyahoga Heights nor its representatives assume any liability or responsibility for failure to report and/or discover any violation(s). I agree to inform all prospective buyers that inspection by the Village does not guarantee that all property defects and/or code violations have been discovered. Furthermore, violations may develop after this inspection. The purpose of this inspection is for the Village at large and is not intended to protect the interests of any individual, owner or successor owner or occupant of real property.

I further understand that if I choose not to sell my home, all violations identified in this inspection shall be corrected within the time specified by the Building Department.

A nonrefundable inspection fee of $150.00 for a single-family, $200.00 for a two-family home, $250.00 for a three-family home, and $300.00 for a four-plex family home must accompany this application. **Make check payable to the Village of Cuyahoga Heights.**

_____

Signature of Owner ***Date*** ***Phone***

It is the applicant's responsibility to schedule an appointment with the building department for an inspection.

.....

For office use only

Amt. Paid: _____ **Receipt Number:** _____
Inspector: _____ **Inspection Date and Time:** _____