

City of Garfield Heights  
Building Department  
5407 Turney Road  
Garfield Heights, Ohio 44125  
Ph: 216-475-3835  
Fax: 216-475-6081

Buyer's Application to Obtain Compliance Certificate

Date: \_\_\_\_\_

(Please print legibly)

Address of Property: \_\_\_\_\_ Single \_\_\_ Double \_\_\_  
(Check one)

Purchaser's Name: \_\_\_\_\_

If purchaser is Individual he/she must sign here.

Local Contact Info: \_\_\_\_\_

Purchaser's Name: \_\_\_\_\_

If purchaser is a Company, Authorized Agent must sign here and attach copy of paperwork showing proof of this.

Local Contact Info: \_\_\_\_\_

Social Security Number (s): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Telephone: \_\_\_\_\_

Purchaser Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**(We cannot accept a PO Box for an address.)**

Number of prospective occupants: \_\_\_\_\_

Name: \_\_\_\_\_ S.S.#: \_\_\_\_\_

Names/ages of children and/or occupants:

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Proposed Date of Occupancy: \_\_\_\_\_

**Will this be a Rental Property? Yes No**

**Proposed Transfer Date: \_\_\_\_\_**

**Will owner also occupy property? Yes No**

**By signing this I acknowledge seeing a copy of the Point of Sale violation report for the address of: \_\_\_\_\_.**

**Buyer's Signature: \_\_\_\_\_**

**Note: According to Section 1309.07 of the GH Building Code, the Building Department will no longer be issuing permits to non-owner occupied homes.**

Subscribed and sworn to me this \_\_\_\_\_ day of \_\_\_\_\_, 2011.

By: \_\_\_\_\_

(Please print buyer's name here from photo ID)

Notary Public: \_\_\_\_\_ my commission expires: \_\_\_\_\_