



# Building Department

**-CONFIDENTIAL-**

**Buyers Application to Obtain Compliance Certificate**

**Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**PROPERTY ADDRESS:** \_\_\_\_\_  
Single  Double  (Check one)

**(Business/Non-Individuals Only)**

If the property will be titled as a trust, business trust, estate, partnership, limited partnership, LLC, association, corporation, or any other business entity, please disclose the name of the Trustee, executor, general partner, member, manager, associate, or officer, whichever applies below. (See Agent/Owner Information Section)

**\*PLEASE PRINT CLEARLY\***

**Company/Entity Name:** \_\_\_\_\_

Address: \* \_\_\_\_\_  
Street (No P.O. Boxes) \_\_\_\_\_ City, St, Zip \_\_\_\_\_

Street (No P.O. Boxes) \_\_\_\_\_ City, St, Zip \_\_\_\_\_

OWNER NAME: \_\_\_\_\_  
TITLE: \_\_\_\_\_

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

Phone # \_\_\_\_\_ E-Mail Address \_\_\_\_\_

\* If Company is located outside the State of Ohio, it must be registered with Ohio Secretary of State as a Foreign Corporation. (O.R.C. 1703) and the section below must be filled out.

Designation of filing agent by out-of state owner  
(O.R.C. 5323.03)

#### OHIO AGENT/ PROPERTY MANAGER:

**ADDRESS:** \_\_\_\_\_

Street (No PO Boxes) City, St, Zip

Phone # \_\_\_\_\_ E-Mail Address \_\_\_\_\_

D.O.B. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

- 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.



### OCCUPANCY INFORMATION

**I/We are purchasing the above property for:**

To Reside in / Occupy       For Rehab / Resale       To Rent\*\*

Will owner occupy property?      Yes      No (Circle One)

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

**\*\* Rental registration and approval required prior to Occupancy**

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**Name(s) of Occupants:**

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Names/ages of children and/or occupants:

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

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

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

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

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

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**Garfield Heights, OH**

**#1 Buyer Signature:** \_\_\_\_\_

**#2 Buyer Signature:** \_\_\_\_\_  
**STOP DO NOT WRITE BELOW THIS LINE, FOR NOTARY ONLY.**

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Subscribed and sworn to me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

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

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

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

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

Proposed Transfer Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_