



Building Department

-CONFIDENTIAL-
Buyers Application to Obtain Compliance Certificate

Date: _____ / _____ / _____

PROPERTY ADDRESS: _____

Single Double (Check one)

(INDIVIDUALS ONLY)

OWNER #1 INFORMATION (as will be titled on Deed) ** PLEASE PRINT CLEARLY**

Name of Purchaser: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone # (H) _____ (W) _____

E-Mail: _____

D.O. B.: _____ / _____ / _____

OWNER #2 INFORMATION (as will be titled on Deed) **PLEASE PRINT CLEARLY**

Name of Purchaser: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone # (H) _____ (W) _____

E-Mail: _____

D.O. B.: _____ / _____ / _____

***(FOR OUT OF STATE OWNERS)**

OHIO AGENT/PROPERTY MANGER:

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**

Name(s) of Occupants:

Names/ages of children and/or occupants:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

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

Garfield Heights, OH

#1 Buyer Signature: _____

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

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: _____ / _____ / _____