



## Building Department

**-CONFIDENTIAL-**  
**Buyers Application to Obtain Compliance Certificate**

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

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

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**(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: \_\_\_\_/\_\_\_\_/\_\_\_\_