

## Point Of Sale Application

(please print)

As owner I \_\_\_\_\_ hereby request a point of sale inspection be performed on my property located at: \_\_\_\_\_ University Heights, Ohio for the purpose of compliance with ordinance 89-10 of the city of University Heights housing code

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 assumption, in accordance with building department requirements and I will not transfer title until these requirements are met.

**This inspection is valid for one year from the initial inspection date.**

I also understand that neither the city of University 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 city 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 city 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 \$75.00 for single family and \$125.00 for two family home must accompany this application. Make check payable to the city of University Heights.

\_\_\_\_\_  
*Signature of owner*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Phone*

\_\_\_\_\_  
*Owner's address (if different from above)*

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

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*For office use only*

Amt. Paid: \_\_\_\_\_ Receipt Number: \_\_\_\_\_ By: \_\_\_\_\_

PO: \_\_\_\_\_ Inspector: \_\_\_\_\_ Inspection Date & Time: \_\_\_\_\_

(Revised 4-14-05)

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