



POINT OF SALE APPLICATION

Housing Department
City of University Heights

Date: _____

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 Housing 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 Housing Department.

A nonrefundable inspection fee of **\$250.00 for single-family** and **\$300.00 for a two-family** home must accompany this application. *Make check payable to the City of University Heights.* It is the applicant's responsibility to schedule an appointment with the Housing Department for an inspection.

Signature of Owner

Date

Phone

Owner's address (if different from above)

If you prefer to receive the report by email: _____

Ordinance allows a period of ten (10) business days from the date of the inspection for the report to be issued.

For Office Use Only

Amt. Paid: _____ Receipt Number: _____ By: _____

RP: _____ Inspector: _____ Inspection Date & Time: _____