



FEE FOR INSPECTION: \$50.00

DATE PAID: _____

CN: _____

BUILDING DEPARTMENT

12650 DETROIT AVENUE - LAKEWOOD, OHIO 44107 - 216/529/6270 - FAX 216/529-5930

DIVISION of COMMUNITY DEVELOPMENT - FIRST TIME HOMEBUYER PROGRAM

ADDRESS OF PROPERTY TO BE INSPECTED : _____

**Property owner
or their agent
must sign form.**

INSPECTION REQUESTED BY AGENT/OWNER : _____

SIGNATURE

PROPERTY OWNER: (PLEASE PRINT)

NAME: _____

ADDRESS: _____

CELL / BUS. PHONE NUMBER: _____

RES. PHONE NUMBER: _____ UNLISTED? YES ___ NO ___

BUYER: (PLEASE PRINT)

NAME: _____

ADDRESS: _____

RES. PHONE NUMBER: _____ UNLISTED? YES ___ NO ___

EMAIL ADDRESS: _____

BROKER OR AGENT: (PLEASE PRINT)

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

WHOM DO WE CONTACT FOR ENTRY? (PLEASE PRINT)

NAME: _____

CELL / PHONE NUMBER: _____ UNLISTED? YES ___ NO ___

----- **FOR BUILDING DEPARTMENT USE ONLY** -----

IF THIS IS A C/O INSPECTION, IS THERE A CURRENT HOUSING LICENSE? YES ___ NO ___ *

*

Will this property be owner occupied? YES ___ NO ___ IF YES, WHICH SUITE? _____

Anticipated title transfer date: _____

APPROVED FOR INSPECTION BY: _____

DATE OF INSPECTION: _____ **TIME:** _____ **INSPECTOR:** _____