



**CITY OF OAKWOOD  
INSPECTIONAL SERVICES APPLICATION  
30 Park Avenue, Oakwood, OH 45419**

Email: [zoning@oakwood.oh.us](mailto:zoning@oakwood.oh.us)

Phone: (937) 297-2920

Fax: (937) 297-2940

**TYPE OF INSPECTION REQUESTED:**    **PRE-SALE**         **RENTAL**

- 1,2, or 3 Family
- Apartment/Condominium
- Business
- Other (Please explain:)

**Inspection Fee: \$60.00**  
(cash or check; credit card payments  
can be made via our website,  
[www.oakwoodohio.gov](http://www.oakwoodohio.gov) for a \$1.95 fee)

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**ADDRESS OF PROPERTY TO BE INSPECTED** \_\_\_\_\_

Owner's Name (Print) \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Owner's Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Email Address \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 City/State \_\_\_\_\_ Zip \_\_\_\_\_  
 Owner's Forwarding Address \_\_\_\_\_ Zip \_\_\_\_\_  
 Anticipated Moving Date \_\_\_\_\_

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**AGENT/REALTORS INFORMATION**

Name & Firm (Print) \_\_\_\_\_  
 Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Email Address \_\_\_\_\_

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**BUYERS INFORMATION (If Available)**

Prospective Buyer's Name \_\_\_\_\_ Closing Date \_\_\_\_\_  
 Current Mailing Address \_\_\_\_\_ Phone \_\_\_\_\_  
 City/State \_\_\_\_\_ Zip \_\_\_\_\_

**RENTAL INFORMATION**

If this property is non-owner occupied, or in the event there is a change of tenant, please complete the required **Tenant Information Form**.

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**There is a \$60.00 fee for the pre-sale/rental inspection. No inspection will be scheduled until the fee has been paid. If you need to cancel or reschedule an inspection, please call the office at 297-2920 before noon on the day of your appointment. The inspector shall review the property and structures for compliance with the Property Maintenance Code and relevant ordinances. This inspection should be in addition to, and not in lieu of professional inspections.**

Applicant's Signature \_\_\_\_\_ Applicant is: (Check one)  
 Owner     Agent     Power of Attorney

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**FOR OFFICE USE:**

\_\_\_\_\_ will meet the Inspector on: \_\_\_\_\_  
 Date and Time of Inspection

**FEE PAID:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

