

**CITY OF OAKWOOD
INSPECTIONAL SERVICES
30 Park Avenue, Oakwood, OH 45419
Phone: (937) 297-2920 FAX: (937) 297-2940
INSPECTION APPLICATION**

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

1,2, or 3 Family

Apartment/Condominium

Business

Other (Please explain: _____)

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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

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: _____