

City of Garfield Heights

Building Department



-CONFIDENTIAL-

Buyers Application to Obtain Compliance Certificate

Date: ____/____/____

PROPERTY ADDRESS: _____
Single ___ Double ___(Check one)

(INDIVIDUALS ONLY)

OWNER #1 INFORMATION (as will be titled on Deed)

Name of Purchaser: _____
Address: _____
Phone # (H) _____ (W) _____ E-Mail _____
S.S. #: _____ - _____ - _____ D.O. B.: ____ / ____ / ____

OWNER #2 INFORMATION (as will be titled on Deed)

Name of Purchaser: _____
Address: _____
Phone # (H) _____ (W) _____ E-Mail _____
S.S. #: _____ - _____ - _____ D.O. B.: ____ / ____ / ____

(Non Individuals Only)

If the property will be titled as a trust, business trust, estate, partnership, limited partnership, LLC, association, corporation, or any other business entity, please disclose the name of the Trustee, executor, general partner, member, manager, associate, or officer, whichever applies below. (See Agent/Owner Information Section)

Company/EntityName: _____
Address: * _____
Street (No P.O. Boxes) City, St, Zip

AGENT/OWNER NAME: _____
TITLE: _____
ADDRESS: _____
Phone # _____ E-Mail Address _____
SS # _____ D.O.B. ____ / ____ / ____

* If Company is located outside the State of Ohio, it must be registered with Ohio Secretary of State as a Foreign Corporation. (O.R.C. 1703) and the section below must be filled out.

Designation of filing agent by out-of state owner
(O.R.C. 5323.03)

OHIO AGENT NAME: _____
ADDRESS: _____
Street (No PO Boxes) City, St, Zip
Phone #: _____ E-Mail Address _____
SS # _____ - _____ - _____ D.O.B. ____ / ____ / ____



OCCUPANCY INFORMATION

I/We are purchasing the above property for:

_____ To Reside in / Occupy _____ For Rehab / Resale _____ To Rent**

Will owner occupy property? **Yes** **No** (Circle One)

Total Number of prospective occupants: _____

**** Rental registration and approval required prior to Occupancy**

Name(s) of Occupants:

Names/ages of children and/or occupants:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

By signing this I acknowledge seeing a copy of the Point of Sale violation report for the address of:

Garfield Heights, OH

#1 Buyer Signature: _____

#2 Buyer Signature : _____

Subscribed and sworn to me this _____ day of _____, 20____.

(Please print buyer(s) name(s) here from photo ID)

By: _____

By: _____

Notary Public: _____ my commission expires: _____

Proposed Transfer Date: ____/____/____