



FEE FOR INSPECTION: \$50.00

DATE PAID: _____

CN: _____



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

C of O PRIOR TO SALE D.C.D. PROGRAM OTHER

INSPECTIONS ARE VALID FOR 30 DAYS

ADDRESS OF PROPERTY TO BE INSPECTED : 1211-1213 Lake Land, Lakewood

INSPECTION REQUESTED BY AGENT/OWNER : _____

PROPERTY OWNER: (PLEASE PRINT)

SIGNATURE

NAME: Fish Funding LLC

ADDRESS: 30209 Greenview Pkwy
Westlake off 44145

PHONE NUMBER (BUS) (CELL) (RES): 4404845566 UNLISTED? YES NO

BUYER: (PLEASE PRINT)

NAME: adam Beanscomb

ADDRESS: _____

PHONE NUMBER (BUS) (CELL) (RES): 4404137088 (UNLISTED?) YES NO

EMAIL ADDRESS: _____

BROKER OR AGENT: (PLEASE PRINT)

NAME: Chris Kaylon - Realty Trust Services

ADDRESS: 29550 Detroit #300
West Lake, off 44145

PHONE NUMBER (BUS/CELL): 330 840 1073

WHOM DO WE CONTACT FOR ENTRY? (PLEASE PRINT)

NAME: Chris Kaylon

PHONE NUMBER (BUS) (CELL) (RES): 330 840 173 UNLISTED? YES NO

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

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

***IF NO, SECURE HOUSING LICENSE!**

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

Anticipated title transfer date: _____

INSPECTION REPORTS/CORRECTION NOTICES REQUIRE A MINIMUM OF 10 DAYS TO PROCESS

APPROVED FOR INSPECTION BY: _____

DATE OF INSPECTION: _____ TIME: _____ INSPECTOR: _____