

**CITY OF MENTOR-ON-THE-LAKE
POINT OF SALE
APPLICATION**

I/We _____ owner of the structure located at
OWNER (please print)

_____ plan to sell this property and request
ADDRESS

the City of Mentor-on-the-Lake schedule a **POINT OF SALE** inspection within 15 working days of receipt of this application and a \$100 fee payable to the City of Mentor-on-the-Lake. I further understand that title may not transfer until a **CERTIFICATE OF INSPECTION** is issued by the City.

METHOD OF SALE:

REAL ESTATE AGENCY: ⇨ **Company:** _____

BY OWNER **Agent:** _____

SHERIFF'S SALE **Phone #:** _____

Fax # _____

OWNER: Daytime Phone # _____

Address if different then above: _____

Date mailed or Hand delivered

Owner's Signature

FOR CITY USE	
_____ Date Received	_____ Fee Receipt Number
_____ Date Scheduled	_____ Date of Initial Inspection

POS/APP 03.16.00

City of Mentor-on-the-Lake
RESIDENTIAL PROPERTY DISCLOSURE FORM

Property Address (Please Print): _____

Owner Name (s) (Please Print): _____

THE FOLLOWING STATEMENTS OF THE OWNER ARE BASED ON OWNERS ACTUAL KNOWLEDGE:

1. **WATER SUPPLY: The source of water supply in the property is:**
 Public Water Service Private Water Service Holding Tank Well
 Other: _____

If owner knows of any current leaks, backups or other material problems with the water supply system or quality of water, please describe: _____

2. **SEWER SYSTEM: The nature of the sanitary sewer system servicing the property is:**
 Public Sewer Private Sewer Septic Tank Leach Field
 Aeration Tank Filtration Bed Unknown
 Other: _____

If owner knows of any current leaks, backups or other material problems with the sewer system servicing the property, please describe: _____

3. **ROOF: Do you know of any current leaks or other material problems with the roof or drain gutters?**
 Yes No. If yes, please describe: _____

If owner knows of any leaks or other material problems with the roof or rain gutters since owning the property (but not longer than the past 5 years) please describe and indicate any repairs completed: _____

4. **BASEMENT AND CRAWL SPACE: Do you know of any current water leakage, water accumulation, excess dampness or other defects with the basement and crawl space?** Yes No
If "Yes", please describe: _____

If owner knows of any repairs, alterations or modifications to the property or other attempts to control any water or dampness problems in the basement or crawl space since owning the property (but not longer than 5 years) please describe: _____

5. **STRUCTURAL COMPONENTS (Foundation, Floors, Interior and Exterior Walls): Do you know of any movement, shifting, deterioration, material cracks (other than visible minor cracks or blemishes) or other material problems with the foundation, floors, interior and exterior walls?** Yes No
If "Yes", please describe: _____

If you know of any repairs, alterations or modifications to control the cause of effect of any problem identified above, since owning the property (but not longer than the past 5 years) please describe: _____

6. **MECHANICAL SYSTEMS: Do you know any current problems with the following mechanical systems:**
 Yes No Electrical – operation of outlets, overloading, blown fuses or shortages.
 Yes No Plumbing – pipes, sump pump, lawn sprinkler, water softener.
 Yes No Furnace, hot water heater, air conditioner
 Yes No Have they been serviced on a regular schedule and approved by a certified technician?

Yes No Other: _____

If you answered "Yes" to any of the above, please describe: _____

7. **WOOD BORING INSECTS/TERMITES:** Do you know of the presence of any wood boring insects/termites in or on the property or any existing damage to the property caused by wood boring insects/termites: Yes No If "Yes" please describe: _____

If owner knows of any inspection or treatment for wood boring insects/termites, since owning the property (but not longer than the past 5 years) please describe: _____

8. **PRESENCE OF HAZARDOUS MATERIALS:** Do you have actual knowledge of the presence of any of the below identified hazardous materials on the property:

	Yes	No	Unknown
1. Lead-Based Paint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Asbestos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Urea-Formaldehyde Foam Insulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Radon Gas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If "Yes", indicate level of gas if known: _____			
5. Other toxic substances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If the answer to any of the above questions is "Yes", please describe: _____

9. **DRAINAGE:** Do you know of any current flooding, drainage, settling or grading problems affecting the property? Yes No If "Yes", please describe: _____

If owner knows of any repairs, modifications or alterations to the property or other attempts to control any flooding, drainage, settling or grading problems since owning the property (but not longer than the past 5 years) please describe: _____

10. **CODE VIOLATIONS:** Have you received notice of any building or housing code violations currently affecting the use of the property? Yes No If yes, please describe: _____

11. **UNDERGROUND STORAGE TANKS/WELLS:** Do you know of any underground storage tanks, oil or natural gas wells (plugged or unplugged), or abandoned water wells on the property? Yes No If "Yes", please describe: _____

12. **OTHER KNOWN MATERIAL DEFECTS:** The following are other known material defects currently in or on the property: _____

For the purpose of this section, material defects would include any non-observable physical conditions existing on the property that could be dangerous to anyone occupying the property or any non-observable physical condition that would inhibit a person's use of the property.

Signature

Date