



City of Mentor-on-the-Lake

5860 Andrews Road, Mentor-on-the-Lake, OH 44060-2827

Phone: (440) 257-7216 Fax: (440) 257-2766

www.CityMOL.org

POINT OF SALE APPLICATION

Property Address: _____ [] Residential [] Commercial

The owner(s) of the structure, located at the listed property address, intend to sell said property and request that the City of Mentor-on-the-Lake Housing/Zoning Department schedule a **POINT OF SALE** inspection within 15 working days of receipt of this application and a \$100 for the first dwelling or business unit in any building or structure, and an additional \$40.00 for each additional dwelling or business unit in such building or structure (1464.04(a)).

I understand that in the event that it is necessary for the City to re-inspect the dwelling or business unit more than one time in a year for any reason, including verifying compliance with prior City inspection requirements, then the fee for any such re-inspection shall be \$30 for each such re-inspection (1464.04(b)).

I further understand that title may not transfer until a **CERTIFICATE OF INSPECTION** is issued by the City. **Please be advised that this is a basic property maintenance inspection and is not meant to replace a private home inspection done by an independent inspector.**

METHOD OF SALE:

[] By Owner [] Sheriff's Sale [] Real Estate Agency:

Company: _____

Agent: _____

Phone: _____

OWNER INFORMATION:

Property Owner(s): _____

[] Mailing Address: _____

[] Email Address: _____

Best Phone Number for Contact: _____

Please specify, by checking the appropriate box above, how you would like to receive your inspection report.

Date Submitted

Owner's Signature

** By signing above, you are allowing the City of Mentor on the Lake to enter your property for the purpose of a Point of Sale Inspection. **

FOR OFFICE USE ONLY

Parcel #

Date/Time of Inspection

Presale Permit #

Receipt #

Date Received