CITY OF EASTLAKE SERVICE DEPARTMENT

35150 LAKESHORE BLVD., EASTLAKE, OHIO 44095 Ph. No. 440-951-2200 Ext. 1006

Email: dedwards@eastlakeohio.com FAX: 440-975-4280

POINT OF SALE INSPECTION APPLICATION

Date:		Fee: <u>\$300.00</u>
Inspection Address:		
Property Owner:		
Print Owner's Address:		,
Street	City, State, Zip	
Phone No:	Email:	
Received By:	Date:	
NOT	E: This is NOT a Certificate of Inspection	
A POINT OF SALE INSPECTION DOES NOT W	ARRANT OR GUARANTEE THE HEALTH	, CONDITION, OR RELIABILITY OF
THE SANITARY OR STORM WATER SEWER SY	YSTEM ON THE PROPERTY. IT IS PERF	ORMED FOR A LIMITED PURPOSE
AND MUST NOT BE ACCEPTED AS A SUBSTIT		
MAY NOIT BE DETECTED BY THIS LIMITED PO		
REPAIRS ARE NOT THE RESPONSIBILITY OF T HOMEOWNER OR PROSPECTIVE PURCHASE		
P.P. No:	R	eceipt No:
S/L#	C	heck No:
Building:		
Name	Date	Property Maintenance

ONLY UPON RECEIPT OF THE \$300.00 WILL THE REST OF THE PACKET BE DELIVERED

Revised 5/2022