

RESIDENTIAL INSPECTION UPON RESALE APPLICATION

APPLICANT AND PROPERTY INFORMATION

DATE SUBMITTED		REAL ESTATE AGENT <input type="checkbox"/> YES <input type="checkbox"/> NO		TYPE OF PROPERTY <input type="checkbox"/> SINGLE FAMILY <input type="checkbox"/> MULTI-FAMILY UNITS <input type="checkbox"/> DUPLEX <input type="checkbox"/> MIX USE	
PROPERTY OWNER NAME				PHONE NO.	
PROPERTY OWNER ADDRESS			CITY		ZIP CODE
PROPERTY FOR SALE ADDRESS					
EXISTING HOUSE SQ. FT.	NO. OF BEDROOMS	NO. OF BATHS		NO. OF STORIES	
OCCUPANCY	ZONING	USE			

AGENT INFORMATION

AGENT NAME		PHONE NO.	
AGENT ADDRESS		CITY	ZIP CODE
AGENT EMAIL ADDRESS		LICENSE NO.	

CONTRACTOR INFORMATION

CONTRACTOR NAME		PHONE NO.	
COMPANY NAME		STATE LICENSE NO.	CLASS
COMPANY ADDRESS		CITY	ZIP CODE

INSPECTION RESULTS TRANSMISSION *Check One*

<input type="checkbox"/> MAIL	ADDRESS	CITY	ZIP CODE
<input type="checkbox"/> EMAIL	EMAIL ADDRESS		

COMMENTS
