

**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**
