



City of Sheffield Lake

Building Department

609 Harris Rd.

Sheffield Lake, OH 44054

Phone: (440) 949-5767

Application for Point of Sale

Fee: \$40.00

Received: Cash _____ Check# _____ Date: _____

This is the request a transfer of certificate of occupancy for the property located
at:

Address: _____

Owner/Applicant Name: _____

Email Address: _____

Phone Number: _____

Signature of Applicant: _____

**PLEASE BE AWARE THAT THE CITY RESERVES THE RIGHT TO COMPLETE THIS
INSPECTION FOR UP TO 10 DAYS FROM THE REQUEST**



**City of Sheffield Lake
Building Department**

609 Harris Rd.
Sheffield Lake, OH 44054
Phone: (440) 949-5767

For Building Department use only

____ Sidewalks-Amount to Escrow \$ _____

____ Roof _____ Gutter & Downspouts

____ Electric 100 AMP Service

General Condition _____

At the time of inspection there is a balance of \$ _____ Due to the water department. This amount is to be collected at closing. Please send a check to the Sheffield Lake Water Department 4750 Richelieu Ave. Sheffield Lake, OH 44054

Sidewalk Escrow - \$ _____ is due at closing for the installation of sidewalks. Please make a check out to the City of Sheffield Lake and Mail to 609 Harris Rd. Sheffield Lake, OH 44054

Sign: _____ Date: _____