

RESIDENTIAL INSPECTION UPON RESALE APPLICATION

APPLICANT AND PROPERTY INFORMATION

DATE SUBMITTED	REAL ESTATE AGENT ☐ YES ☐ NO	TYPE OF PROPERTY ☐ SINGLE FAMILY ☐ DUPLEX	☐ MULTI-FAMILY UNITS ☐ 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*

☐ MAIL	ADDRESS	CITY	ZIP CODE
☐ EMAIL	EMAIL ADDRESS		

COMMENTS
