POINT OF SALE APPLICATION

CITY OF EUCLID HOUSING DEPARTMENT
585 East 222nd Street
Euclid, Ohio 44123
(216) 289-2700 FAX (216) 289-8184
adelehanty@cityofeuclid.com
www.cityofeuclid.com

Section 1759.04(a) of the Euclid Codified Ordinances provides:

No person, agent, firm or corporation shall convey, sell, by land contract or otherwise, any interest in any dwelling, building or structure, as defined in Section 1751.04, without furnishing the grantee or buyer, prior to such conveyance or sale, a current Certificate of Inspection indicating the unit or units are free of all violations of the Building and Housing Code of the City of Euclid.

POINT OF SALE-CERTIFICATE OF INSPECTION FEE STRUCTURE

Single Family Home	----------	$225.00
Two Family Home (one parcel)	----------	$260.00
Homestead Exempt	----------	$100.00
Three Family Home	----------	$295.00
Multiple Family Home	----------	$225.00 per building + $35.00 per suite *One suite per building included in base fee*
Relocating In Euclid	----------	Complete refund of Point of Sale

INQUIRE WITHIN FOR PROCESS TO RECEIVE REFUND

Single Family renewal when Certificate has been issued	---------	$112.50
Two Family renewal when Certificate has been issued	---------	$130.00
Three Family when Certificate has been issued	---------	$147.50
Assumption Fee	---------	$150.00 (Includes two inspections)
Assumption :: Additional Inspection Fee	---------	$100.00 per inspection

POINT OF SALE APPLICATION

CITY OF EUCLID HOUSING DEPARTMENT
585 East 222nd Street
Euclid, Ohio 44123
(216) 289-2700 FAX (216) 289-8184
adelehanty@cityofeuclid.com
www.cityofeuclid.com

Please indicate your choice of inspection type:

I give consent for interior and exterior inspection ☐ **I give consent for exterior inspection only** ☐

_____
Address Street Zip Code

ALL FIELDS MUST BE COMPLETED FOR APPLICATION TO BE PROCESSED

Property Permanent Parcel Number _____ Number of Dwelling Units _____

Dwelling is currently: Owner Occupied ☐ Vacant ☐ Tenant Occupied ☐

Lock Box Code: _____

Current Property Owner:

Name _____

Address _____

City, State, Zip _____

(Area Code) Phone Number _____ Cell No. _____

E-Mail address _____

Preferred Method of Communication: **Email _____** **Regular Mail _____**

Name, (if different from above) of person to contact for inspection:

Name _____

Address _____

City, State, Zip _____

(Area Code) Phone Number _____ Cell No. _____

Relationship to Owner _____

E-Mail address _____

Legal Agent, Real Estate, or Managing Company

Name _____

Address _____

City, State, Zip _____

(Area Code) Phone Number _____ Cell No. _____

Relationship to Owner _____

E-Mail address _____

_____ _____
Signature of Current Owner/Agent **Date**