

City of Brooklyn Parkwww.brooklynpark.orgCommunity Development DepartmentBuilding Inspections Division5200 85th Avenue North / Brooklyn Park, MN 55443 / Phone: 763 488 6379 / Fax: 763 493 8171

Application for Point of Sale Certificate of Inspection 10/10

GOVERNMENT DATA PRACTICES ACT - TENNESSON WARNING:

The data you supply on this form will be used to process the application. You are not legally required to provide this data, but we will not be able to process the application without it. The data will constitute a public record if and when the application is granted.

IMPORTANT CONSUMER INFORMATION PLEASE READ:

This application is for a Point of Sale Certificate of Inspection on residential property to be sold or transferred in ownership. An inspection must be completed prior to transfer of title (closing). The property can be inspected anytime during the selling process, however it is recommended that the inspection be done prior to listing/advertising the property for sale. Arranging for the inspection is the responsibility of the owner or owner's representative. Inspections are done to ensure compliance with the City's property maintenance code. If code violations are found there are three options for the seller/buyer to consider: 1) The seller can make all the repairs prior to title transfer, 2) The buyer can assume all non-hazardous repairs through a buyer/seller agreement approved by the City, 3) The buyer can assume all hazardous and non-hazardous repairs through a City approved escrow agreement. Once repairs have been completed and re-inspections conducted to verify compliance, or the necessary agreements have been executed with the City ordinance.

Please Note: In order to perform an inspection, all gas, electric, and water must be turned on and operational.

Address of Pro	pperty Being Sol	ld					
		Please C		Owner Occupied	Rental		cant
Owners Name.						Date:	
Address:						_Phone:	
	Street	City	State	Zip Code			
<u>Owners may d</u>	lesignate a Real	ltor / agent / repr	esentative	to act on the ow	vner's behal <u>f:</u>		
Name:						Date:	
	Please circle:	Realtor	Agent	Representa	tive		
Address					P	Phone:	
	Street City	State		Zip Code			
	Owner nail Address: (1	Realto Required)	0	presentative:			
Print Name				Signatu	re		
Fee \$150.00	Payn	nent method:		\Box Cash	\Box Che	eck	□ Credit Card
Office Use:	•						
Building		Utility Billing_		Finance		Cl	EPH
Approved By:			Date:		Applica	tion #·	