



Application for Resale Inspection

SELLER MUST SIGN and COMPLETE

ADDRESS: _____ # of Dwelling Units _____ Year Built _____

Dwelling is: Detached Attached to another dwelling Duplex (2 units on 1 lot/cannot be sold separately) Multi-family/Apartments

Is Seller the original owner? YES ... note **final inspection** date (or temporary occupancy when applicable) for **original construction permit**: _____

NO ... note **original ON SITE field inspection** date (NOT validation date) for the most recent **resale report**: _____

Is there a Purchaser yet? NO YES note the proposed close of escrow date _____

Approximate year Seller purchased the property _____

Dwelling has: # of BEDROOMS: _____ # of BATHROOMS: _____ # of Showers _____ Accessible attic (>30" height) No attic/flat roof

Carport Garage Garage Conversion Room Addition Pool/Spa Dog in yard

Occupied by: Owner Tenant Vacant (If vacant, no one need be on site for inspection if key submitted to office.)

I CERTIFY that I am the legal owner or Agent and authorize inspection of the premises in accordance with provisions of Davis California Municipal Code Section 8.10. I understand that any Report of Deficiencies issued will automatically be voided after 18 months from the date of the on site inspection unless either a sale occurs or the Seller obtains the Resale Certificate of Occupancy. If the Seller obtains the Certificate, it is valid for 5 years from last resale inspection or the Seller modifies the property without a permit for which a permit is required.

I also understand that:

1. The Seller must provide the Purchaser with copy of the Report of Deficiencies resulting from this inspection.
2. The Seller must obtain the Purchaser's signature at the bottom of page 1 of the Report to acknowledge the receipt of the Report.
3. A copy of the Report Page 1 that has been signed by the Purchaser must be submitted to the Building Division Office.

PRINT SELLER'S NAME _____

SELLER or AGENT SIGNATURE _____ PRINT NAME of SIGNATURE _____

➤ **NOTE:** This **MUST** be the signature of the legal owner or agent of the property. Faxed or copied signatures are acceptable.

Seller's Mailing Address (if different than property address): _____

Seller's Work Phone: _____ Home Phone _____ Date _____

Agent's Name (please print): _____

Agent's voice mail: _____ Cell number _____ Fax number _____

Check only one Receive Call to pick up report at office _____

Fax report to above fax # or to _____

Email report as PDF to _____

OFFICE USE ONLY

CO # _____ Received by _____ Date _____ Fee \$ _____

Vacant property scheduled for _____ Key here Key to be brought in on _____ Do NOT enter property until _____

Inspection Appointment Day _____ Time _____ Logged: _____