

FEE: \$ 59.00
(Fiscal Year 10-11)

APPLICATION NUMBER: _____

PRE-SALE PROPERTY INSPECTION REPORT APPLICATION

Pursuant to South Gate City Ordinance #2003, the undersigned does hereby apply for and allow for an inspection and report of the below described property for compliance with building and zoning ordinances of the City of South Gate. A copy of this Ordinance has been printed on the reverse side of this application for your convenience. Please read the entire application and Ordinance completely prior to signature and submittal to the Department of Building and Safety. In particular, please note Section 9.62.070, Exceptions.

The Department of Building and Safety shall review pertinent City records and inspect the subject premises from a position external to, or at perimeter entrances or windows of residential building structures (garages and other nonresidential structures may be entered during inspection) for the purpose of ascertaining compliance with relevant zoning regulations, and ascertaining that major structural additions, modifications and alterations apparent during inspection have been made with the appropriate permits. The field inspection is limited to structural additions, modifications or alterations apparent from a position external to, or from the perimeter entrances and windows of a residential building structure.

The Seller/Applicant hereby agrees to have the City forward a copy of this Application to the Escrow Company, herein named, and to have such included in said Escrow instructions. Should the name of the Escrow Company not be available at the time of application, the Seller/Applicant hereby agrees to provide this information no later than five days from the date of the opening of Escrow.

Applicant warrants that he, or his principal, has a fee ownership interest in the subject property and that he/she has the authority to grant the permission hereby given to perform the inspection by the property owners. IF THE OWNER/AUTHORIZED AGENT OF THE PROPERTY IS NOT APPEARING IN PERSON TO SUBMIT THIS APPLICATION, HIS/HER SIGNATURE MUST BE NOTARIZED PRIOR TO SUBMITTAL AND INSPECTION.

The City disclaims any liability for the failure of such inspection and report to detect or disclose a building or zoning code violation and the City does not waive any rights, by preparing and issuing this report, to require at any time the full compliance to the appropriate building and zoning codes.

The Seller of the property is required to deliver a copy of the report produced as a result of this request to any buyer prior to entering into any agreement for sale of the subject property. Further, the Seller is required to obtain and return to the Department of Building and Safety a copy signed by all Buyers of said report.

The Owner and Applicant should be aware and understand that any violation determined during this inspection will require correction regardless of a change of ownership, or change of circumstance by the Owner, the Owner's Agent, or other persons involved. IF ANY VIOLATIONS ARE DISCOVERED BY THE CITY OF SOUTH GATE, THE SELLER/OWNER SHALL CORRECT SUCH VIOLATIONS WITHIN A PERIOD OF TIME AGREED TO BY THE DIRECTOR OF BUILDING AND SAFETY OR HIS DESIGNEE.

OWNER - APPLICANT STATEMENT: _____ DATE: _____

I have read and understand the conditions of the above statements and concur with the terms and conditions herein contained.

PROPERTY ADDRESS(ES): _____ No. of Units _____

LIST ALL PROPERTY ADDRESSES

OWNER/APPLICANT SIGNATURE: _____

OWNER/APPLICANT I.D.: CA Driver's Lic. # OR I.D. #: _____ EXPIRATION: _____

PLEASE PRINT, FILL-IN ALL OF THE BLANKS
Note: Missing information will cause a delay in the receipt of your report

Please indicate who the report will be delivered to:

Seller Only Agent Only Buyer(s), if applicable Escrow, if applicable

SELLER INFORMATION		BUYER INFORMATION	
NAME:		NAME:	
ADDRESS:		ADDRESS:	
CITY/STATE/ZIP:		CITY/STATE/ZIP:	
TELEPHONE: Day [] Evening []		TELEPHONE: Day [] Evening []	
NAME OF AGENT:		CONTACT PERSON:	
COMPANY:		ESCROW COMPANY:	
ADDRESS:		ADDRESS:	
CITY/STATE/ZIP:		CITY/STATE/ZIP:	
TELEPHONE: Day [] Evening []		TELEPHONE: Day [] Evening []	