CITY OF WILLOWICK COMMERCIAL POINT OF SALE INSPECTION

OWNERS NAME	PHONE:
PROPERTY ADDRESS	(Local phone required) BUSINESS PHONE:
OWNER'S SOCIAL SECURITY #	OR
BUSINESS EIN #	
MAILING ADDRESS (if different from (Local address required)	property):
PLEASE R	READ CAREFULLY
Department a Point of Sale Certif The inspection report shall contain and lateral sewers. Testing sha	cture shall obtain from the Building ficate prior to the transfer of title. In the condition of the sidewalks, apronall be done on sewer piping from the storm main to ensure good condition and
contractor of your choosing. Bringing covers, backfill with sand with and with sand with sand with second or pave if in parking (Willowick Service Department will Test. To do the testing, the Second Sand Second for this work (payment is	rm a Dye Test. You may use a registered ag the test tees to grade, install cast thin 4" of finished grade then topsoil lot) upon completion of the test. The then be notified to perform the Dye rvice Department requires a payment of due the day of the actual test). The tractor of owner's choice but must have
is the owner's responsibility to required on the sidewalks or apro	ing to the sanitary and storm mains, it have repairs made. If repairs are on, all repairs must be made before a issued. NOTE: If money is held in local.
fee (either a check made out to	ll be issued upon receipt of an \$80.00 the City of Willowick or cash in the al of any repairs by the Building

Date

(Signature of Owner and/or Agent) REQUIRED