



**Community Development and Sustainability Department**

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# RESALE INSPECTION APPLICATION

## 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)

Is Seller the original owner? YES  ... note **final inspection** date for **original construction permit**: \_\_\_\_\_

NO  ... note **original ON SITE field inspection** 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 \_\_\_\_\_

Carport  Garage  Garage Conversion  Pool/Spa

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 18 months 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** \_\_\_\_\_

**SELLER or AGENT SIGNATURE** \_\_\_\_\_ **PRINT NAME of SIGNATURE** \_\_\_\_\_

➤ **NOTE:** This **MUST** be the signature of the legal owner or agent of the property. Scanned 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: \_\_\_\_\_

**Check only one**  **Receive Call to pick up report at office** \_\_\_\_\_

**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: \_\_\_\_\_