



Department of Community Development and Sustainability

23 Russell Boulevard, Suite 2 Davis, California 95616

Phone: (530)757-5610 TDD: (530)757-5666

Email: buildinginfo@cityofdavis.org

RESALE INSPECTION APPLICATION
Face covering are required for all unvaccinated people during the inspection

Address: _____ Number of Dwelling Units _____ Year Built _____

Check appropriate box:

Detached Attached to another dwelling Duplex (2 units on 1 lot/cannot be sold separately) Dwelling with Accessory Dwelling Unit (ADU)

Is seller the original owner? Yes – Approximate date of original construction permit: _____

No – Approximate date of most recent resale report: _____

Is the property in escrow? No Yes Close of escrow date _____

Approximate year seller purchased the property _____

Number of: Bedrooms: _____ Bathrooms: _____ # of Showers _____

Check all boxes that apply:

Carport Garage Garage Conversion Pool/Spa

Occupied by:

Owner Tenant Vacant (If vacant, no one need be on site for inspection if key is provided)

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.

Seller (please print): _____

Seller or Agent: Print name _____ 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 inspection date: _____ Key provided Key to be delivered by: _____

Do not enter property until _____

Inspection appointment day _____ Time _____ Logged: _____