



CITY OF CLEVELAND
 DEPARTMENT OF BUILDING AND HOUSING
 Cleveland City Hall
 601 Lakeside Avenue
 Cleveland, Ohio 44114

Complete all sections; type or print neatly

**Summary Inspection Report of
 Exterior Walls and Appurtenances**

(Cleveland Code, CCO 3143.02)

THIS FORM TO BE SUBMITTED TO:
 Room 505 Cleveland City Hall.
 Application Fee \$230.00

1 Filing Information **Record Number** _____ **(Office Use)**

Date of Report: _____ Amended Filing Date: _____

2 Location Information – Must use the address assigned by the City’s Board of Revision of Taxes

Building Address: _____ Parcel # _____

Owner/Agent/Site Contact: _____ Phone Number: _____

3 Building Characteristics

Principal Occupancy: _____ Number of Stories: _____ Height: _____

Year Constructed: _____ Exterior Wall Type: _____ Historic Designation (if any): _____

4 Inspection Status Information

Wall (s) Inspected: _____ Inspected Method: _____ Inspection Date: _____

___ **SAFE CONDITION** General Inspection Only ___ Detailed Inspection Required ___ (Details included)

___ **SAFE WITH REPAIR & MAINTENANCE PROGRAM** Permit Number _____

___ **UNSAFE / IMMINENT DANGER** Submit copy of full report along with form

NOTE: The Department of Building and Housing must be notified by phone (216-664-2282) within 12 hours of discovery, and a report containing details of the condition and recommended temporary safety measures must be delivered within 24 hours to that unit at the address above.

Person Contacted: _____ Date Contacted: _____

Description (probable cause of condition; nature/extend of corrective action necessary; time frame for remediation): _____

5 Professional Responsible for Inspection

Name: _____ Company: _____ License #: _____

Company Address: _____

Company Phone/Fax/Email: _____

6 Owner of Record Information (NOT Agent, Site Contact or Business Manager)

Name: _____ Company: _____

Address: _____

Company Phone/Fax/Email: _____

7 Signature Statements

FOR OWNER / OWNER REPRESENTATIVE

I hereby state that I am the owner(s) representative of the premises referenced in the inspection report. Furthermore, I have received and read a copy of the report and am aware of the required repairs and/or maintenance, if any, and the recommended time frame for the same. I certify that all items noted for actions in the previous cycles report have been corrected / repaired.

NAME: _____

SIGNATURE: _____

FOR PROFESSIONAL:

I hereby state that the owner(s) representative has authorized me to submit this report. Furthermore, I hereby state that all reporting and inspection requirements have been met and that all statements are correct and complete to the best of my knowledge. A copy of this report has been given to the owner(s) representative.

APPLY
 SEAL HERE

SIGNATURE: _____