



City of New Hope  
4401 Xylon Avenue North  
New Hope MN 55428

Phone: 763-531-5127  
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Website: www.ci.new-hope.mn.us

### Application for Point of Sale Inspection

**IMPORTANT CONSUMER INFORMATION PLEASE READ:**

This application is for a Point of Sale Certificate of Property Maintenance on residential property to be sold or transferred in ownership. An inspection must be completed prior to transfer of title (closing). The property can be inspected anytime during the selling process, however, it is recommended that the inspection be done prior to listing/advertising the property for sale. Arranging for the inspection is the responsibility of the owner or owner's representative. Inspections are done to ensure compliance with the city's property maintenance code. If code violations are found there are two options for the seller/buyer to consider: 1) The seller can make all the repairs prior to title transfer. 2) The buyer can assume all work orders through a city approved escrow agreement. Once repairs have been completed and a re-inspection conducted to verify compliance, or the necessary escrow agreements have been executed with the city, the transfer of title can occur in accordance with city ordinance.

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**Address of Property Being Sold:** \_\_\_\_\_

**Owners Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Owners may designate a Realtor/agent/representative to act on the owner's behalf:**

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City/State/Zip** \_\_\_\_\_

**Cell:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

If property is vacant, lock box number: \_\_\_\_\_

I hereby apply for an inspection certificate and I acknowledge that the information above is complete and accurate; that any compliance work will be completed per the codes and ordinances of the City of New Hope; that any transfer of title will be done in accordance with the ordinances of the City of New Hope. The undersigned acknowledges that they have read this application, and that the owner agrees to comply with the applicable provisions of the New Hope code.

**Applicant is: Owner:** \_\_\_\_\_ **Realtor/agent/representative:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Fee: \$150.00 as of 1/01/11** **Closing Date:** \_\_\_\_\_

**Duplex: \$150.00 per unit – total \$300.00** **Permit is good for one year from date issued.**

**Multi family: \$150.00 for 1<sup>st</sup> unit and \$20.00 each additional unit**

Visa/MasterCard: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name (print): \_\_\_\_\_ Signature: \_\_\_\_\_

Billing Address: \_\_\_\_\_