

APPLICATION FOR CERTIFICATE OF COMPLIANCE
Sale of Property – Change of Occupancy – Change of Use

CITY OF GLENDALE
CODE COMPLIANCE INSPECTOR
5909 N. MILWAUKEE RIVER PARKWAY
GLENDALE, WISCONSIN 53209
(414) 228-1711

FOR OFFICE USE ONLY	
RECV'D _____	AMT \$ _____
PAYMENT TYPE: CHECK ___ CASH ___	
CHECK/RECEIPT # _____	

INSTRUCTIONS: Please type or print clearly - Bold areas are required - Remit with appropriate fee.

Residential: (check all that apply)

- Condominium.....\$75.00 per unit
- Single Family Home.....\$100.00
- Multi-Family (up to 4 units).....\$100.00 for first unit; \$75.00 per each additional unit
- Expedited Inspection (within 3 days).....\$100.00 additional fee. *(Subject to Availability)*

LOCK BOX CODE: _____

Commercial/Industrial: (check all that apply)

- Up to 5,000 square feet.....\$100.00
- 5,000 to 20,000 square feet.....\$200.00
- Over 20,000 square feet.....\$10.00 per 1,000 square feet
- Expedited Inspection (within 3 days).....\$200.00 additional. *(Subject to Availability)*

Date of Application _____ **Certificate No.** (will be assigned) _____

Purpose: **Sale of Property** ___ **Change of Occupancy** ___ **Change of Use** ___ *(New or Altered)*

Property Address _____ **Unit #:** ___ **Zip** _____

Building Type: **Condominium** ___ **Single Family** ___ **Duplex** ___ **3-Family** ___ **4-Family** ___
Commercial/Industrial (specify tenant space square footage to be leased) _____ *sq. ft.*

Seller or

Lessor: Present Owner(s) of Building _____
Mailing Address _____ Zip _____
Home Phone Number(s) _____ Cell _____
Work Phone Number(s) _____

Buyer or

Lessee: Proposed Owner(s) or Tenant (If Known) _____
Present Address _____
Telephone Number(s) _____

Realtor or Attorney _____ **Company** _____
Address _____ Zip _____
Office _____ Cell _____ Fax _____

Access to all areas, including, basements, attics, storage areas, garages, sheds, etc is required. All violations revealed during this inspection must be completed regardless of whether sale or change of occupancy or use occurs. Violations must be corrected within 30 days of inspection. No warranty is expressed or implied.

SIGNATURE *(Owner or Owner's Agent)* _____