CITY OF BLOOMINGTON MINNESOTA

Time-Of-Sale Inspection Application

Office use only
Permit no.

Site address	Date
Tenant/building name	Suite/unit no.
Applicant is ☐ Owner ☐ Owner's agent	Condominium no.

Property owner

Name		Phone	
Address	City	State	Zip

Owner's agent

Name	Company name		
Address	City	State	Zip
Phone	Relationship to owner		

Type of dwelling

Check only one.

☐ 1 Single-family
☐ 2 Manufactured home
☐ 3 Two-family
☐ 4 Multiple-family – No. of rental units_____
☐ 5 Townhouse
☐ 4 Condominium unit

Inspection requirements

Date required _____ Time required _____

Please read and sign

I hereby apply for a Time-of Sale Inspection and I acknowledge that the information above is complete and accurate. I agree to meet the Time-of-Sale Inspector at the above address on the agreed upon date and time.

_____ _____
Applicant's signature *Date*

Do not write below this line

Scheduled inspection Date _____ Time _____

Assigned to inspector no. _____

Additional fee? ☐ Yes ☐ No Amount of fee $ _____

Description of additional fee _____

Application taken by _____

Application approved by _____ Date _____

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