



Phone (414) 351-8811

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Website: www.bayside-wi.gov

APPLICATION FOR CERTIFICATE OF COMPLIANCE

Property Address: _____ Bayside, WI 53217

Seller _____

Seller's Address _____

Seller's Phone () _____

E-mail Address _____

Buyer (if known) _____

Buyer's Address _____

City _____ State _____ Zip Code _____

Buyer's Phone () _____

Please select one:

___ **Option #1:** The all-inclusive package - \$175 - Initial inspection, follow-up inspection, and up to two follow-up inspections if needed. All additional inspections would be billed at the hourly rate of \$50, one-hour minimum.

___ **Option #2:** The two-for - \$140 - Initial inspection and one follow-up inspection. All additional inspections would be billed at the hourly rate of \$50, one-hour minimum.

___ **Option #3:** Just the basic - \$100 - Initial inspection. Any follow-up or additional inspections would be billed at the hourly rate of \$50, one-hour minimum.

The undersigned acknowledges that the inspector must be provided with entry into all areas of the structure, including both units of a duplex, all other dwelling structures, and all structures on the property. A Certificate of Compliance will not be issued unless repairs are performed. The fee paid is non-refundable.

Signature of Applicant

Date

Print name

Tax Key Number
Sq. Footage
Fee:
Date Issued