

**APPLICATION
For a Time of Sale Inspection**

Date_____

Inspection Fee: \$225

Contact Name_____

Seller_____

Buyer Name (if known)_____

Mailing
Address_____

SITE ADDRESS_____

Telephone Number (home)_____

(work)_____

(cell)_____

Township_____ Section Number_____

Residential_____ or Commercial_____

Number of Bedrooms_____

A representative of this office must be present at time of inspection.

****A backhoe will be needed for the inspection****

Applicant's Signature

**Cerro Gordo County Department of Public Health
Environmental Health Section
22 North Georgia, Suite 300
Mason City, IA 50401
(641) 421-9336 / Fax (641) 421-9350**

