



24 Analomink Street, East Stroudsburg, PA 18301
Phone: 570-421-8300 FAX: 570-421-5575
Web: www.eaststroudsburgboro.org

RE-SALE INSPECTION REQUEST

Applicant Name: _____ Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Owner's Name: _____ Phone: _____

Buyer's Name: _____ Phone: _____

Property Address: _____

Property Tax Number: _____

Proposed Settlement Date: _____

Scheduling of inspections must be made not less than 15 days prior to the change of ownership:

_____ Initial and Follow-up Inspection Fee: \$55.00-Residential, Commercial, Industrial

_____ Third and Subsequent Inspection Fee: \$55.00 per inspection

Your inspection is scheduled for: Date _____ Time: _____

East Stroudsburg Borough requires that 15 Days prior to the exchange of any building resale an inspection report be completed. The Building Official will attempt to provide accurate information in the Resale Report, however, the Borough of East Stroudsburg will not warrant the accuracy of such information and reserves the right to enforce all ordinances and regulations that require the correction of any unsafe or illegal conditions not disclosed.

On the above scheduled inspection date, the property shall be available for a complete and continuous inspection. The owner or the owner's authorized agent must be present to accompany the Building Official for the entire duration of the inspection. If the owner or the owner's agent is not present at the building on the schedule date for the inspection, a \$55.00 re-inspection fee will be charged.

Signature: _____ Date: _____

Fee Paid: _____ Check: _____ Cash: _____ Credit Card: _____