

APPLICATION FOR RENTAL PERMIT

Housing Department City of University Heights

Complete one form for each OCCUPIED unit

CIRCLE Type of dwelling: Single family Two family Three Family CIRCLE number of bedrooms within the rented unit: 1 2 3 4 5 CIRCLE IF two or three family dwelling, the location of this rented unit: I** level 2*** level 3*** level The fees for an initial inspection and for renewal inspections resulting from applications/renewals for rental permits shall be \$300.00 for a single-family home/single unit, \$400.00 for a two-family home and \$100.00 for a rentable third floor unit . Cash or check only. PROPERTY OWNER (Please PRINT name): Address (No P.O. Boxes): City: State: Zip Code: Phone: F-mail Address: Property Owner designates the following Local Manager to act on my behalf: LOCAL AGENT/MANAGER IN OHIO (REQUIRED FOR OUT-OF-STATE PROPERTY OWNERS) (Please PRINT name): Address (No P.O. Boxes): City: State: Zip Code: Phone: F-mail Address: STATUTORY AGENT FOR SERVICE OF PROCESS (REQUIRED FOR ANY CORPORATE OR ENTITY PROPERTY OWNER) (Please PRINT name): Address (No P.O. Boxes): City: State: Zip Code: Phone: F-mail Address: PRIMARY CONTACT TENANT (Please PRINT name): Home Phone: Work Phone:	Address:							
CIRCLE IE two or three family dwelling, the location of this rented unit: 1st level 2nd level 3rd level The fees for an initial inspection and for renewal inspections resulting from applications/renewals for rental permits shall be \$300.00 for a single-family home/single unit, \$400.00 for a two-family home and \$100.00 for a rentable third floor unit. Cash or check only. PROPERTY OWNER (Please PRINT name): Address (No P.O. Boxes): City: Property Owner will manage the property themselves. Property Owner designates the following Local Manager to act on my behalf: LOCAL AGENT/MANAGER IN OHIO (REQUIRED FOR OUT-OF-STATE PROPERTY OWNERS) (Please PRINT name): Address (No P.O. Boxes): City: State: Zip Code: Phone: E-mail Address: STATUTORY AGENT FOR SERVICE OF PROCESS (REQUIRED FOR ANY CORPORATE OR ENTITY PROPERTY OWNER) (Please PRINT name): Address (No P.O. Boxes): City: State: Zip Code: Phone: E-mail Address: PRIMARY CONTACT TENANT (Please PRINT name): E-mail Address:	<u>CIRCLE</u> Type of dwelling:	pe of dwelling: Single family Two family			Three Family			
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PRIMARY CONTACT <u>TENANT</u> (Please PRINT name):	City:	State:	Zij	p Code	e:			
(Please PRINT name):	Phone:	E	E-mail Addr	ess: _				
Home Phone:Work Phone:								
	Home Phone:		Work	Phon	e:			

FORM RR-19

Tenant Information-Ple	ease complete IN FULL
Names of ALL OCCUPANTS	Phone (if applicable)
property taxes or be enrolled in a payment pladelinquent can result in revoking the rental payment can result in revoking the rental payment can result in revoking the rental payment in the property is tax delinquent in the property is tax delinquent in owner is enrolled in a payment plat. I declare under penalties for perjury that this approperty and complete. I also agree to notify the loccupancy during the two-year period by complete City wishes to conduct an INSPECTION of the City wishes to conduct an INSPECTION of the City has the right to establish probable cause an competent jurisdiction to conduct its inspections.	ermit. Please check one of the following: ne amount of the amount of and the property n with Cuyahoga County. plication has been examined by me and is true, housing Department in writing of any changes in the interior and exterior of the property every two disting a Change of Tenant form. I understand that is interior and exterior of the property every two distinguished by the interior and exterior of the property every two distinct and it is a court of the inspections, the diseek an administrative warrant from a court of
I understand and agree that it is my responsible Housing Department regarding inspections and/Department receives my application and fee. It local manager to schedule inspections and ma responsibility for ensuring my rental property muniversity Heights.	or to schedule the inspection after the Housing also understand that, if I designate an agent or ke repairs to my rental property, I still accept
Further, I acknowledge that in accordance with the City of University Heights, that an addition every month, or part thereof, that the property inspected.	al \$200.00 monthly fee shall be assessed for
I agree to abide by the rules and regulations set housing rental and rental units.	forth by the city of University Heights governing
Signature of Property Owner	Date
Print Name	_
Signature of Local Agent (if applicable)	Date
Print Name	_
For Office	
Amt. Paid: Receipt Nu	mber:By:

RP: _____ Inspector: _____ Inspection Date & Time: ____

FORM RR-19