



APPLICATION FOR RENTAL PERMIT

Housing Department
City of University Heights

Date _____

Complete one form for each OCCUPIED unit

Address: _____

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:

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 **\$150.00 for a single-family home/single unit inspection, \$200.00 for a property with two units to be inspected, and \$50.00 for a rentable third floor unit.** This form along with payments due are to be submitted yearly. **A late fee of \$100/month per unit** shall be assessed for any month or portion thereof during which an owner fails to comply with this requirement. **Cash or check only.**

PROPERTY OWNER

(Please **PRINT** name): _____

Address (No P.O. Boxes): _____

City: _____ State: _____ Zip Code: _____

Phone: _____ E-mail Address: _____

☐ 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): _____

Home Phone: _____ Work Phone: _____

Tenant Information-Please complete IN FULL

Names of ALL OCCUPANTS	Phone (if applicable)

PROPERTY TAXES

Per City Codified Ordinance 1282.01(c), rental properties are required to be current in their property taxes or be enrolled in a payment plan with Cuyahoga County. Becoming tax delinquent can result in revoking the rental permit. Please check one of the following:

- ☐ The property is not tax delinquent.
- ☐ The property is tax delinquent in the amount of _____.
- ☐ The property is tax delinquent in the amount of _____ and the property owner is enrolled in a payment plan with Cuyahoga County.

I declare under penalties for perjury that this application has been examined by me and is true, correct and complete. I also agree to notify the Housing Department in writing of any changes in occupancy during the two-year period by completing a Change of Tenant form. I understand that the City wishes to conduct an **INSPECTION** of the interior and exterior of the property **every two (2) years** and such inspections should be obtained upon occupancy of tenants. I further understand that such inspections require my consent, and that if I refuse to consent to such inspections, the City has the right to establish probable cause and seek an administrative warrant from a court of competent jurisdiction to conduct its inspections.

I understand and agree that it is my responsibility as owner of this property to contact the Housing Department regarding inspections and/or to schedule the inspection after the Housing Department receives my application and fee. I also understand that, if I designate an agent or local manager to schedule inspections and make repairs to my rental property, I still accept responsibility for ensuring my rental property meets all Codes and requirements of the City of University Heights.

Further, I acknowledge that in accordance with Ordinance No. 2021-11 of the City of University Heights, that an additional \$100.00 monthly fee shall be assessed for every month, or part thereof, that the property is occupied without a rental permit and/or not inspected.

I agree to abide by the rules and regulations set forth by the city of University Heights governing housing rental and rental units.

Signature of Property Owner *Date*

Print Name

Signature of Local Agent (if applicable) *Date*

Print Name

For Office Use Only

Amt. Paid: _____ Receipt Number: _____ By: _____

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