



Department of Building, Zoning & Housing
 26789 Highland Road
 Richmond Heights, Ohio 44143-1429
 216-383-6312 Fax: 216-383-6319
 richmondheightsohio.org

RENTAL PROPERTY REGISTRATION APPLICATION

(See Chapter 1306, 1306.02, 1306.03 and 1306.04 of the Building and Housing Code for Additional Information)

Rental Property Address: _____ **Bedrooms:** _____

(Please Print or Type All Information and Check Appropriate Box)

New **Renewal** **Change of Tenant or Additional Tenant** (See Attached Form)

Owner(s) Information: _____
 Owner(s) Name _____ Owner(s) Address _____

Owner(s), City, State and Zip Code _____ Owner(s) Home Phone _____ Owner(s) Work or Cell Phone _____

Social Security Number _____ Driver's License Number _____

Property Manager(s) Information: _____
 Manager(s)/Firm(s) Name _____ Manager(s) Address _____

Manager(s) City, State and Zip Code _____ Manager(s) Home Phone# _____ Manager(s) Work or Cell Phone# _____

Name of Tenant: _____ **Phone:** _____

(Note: Owner is responsible to notify building department when new tenant occupies rental)

You must list two dates that you (owner) or your representative will be available to meet an inspector at the rental property. Dates must be Monday through Friday between the hours of 9:30 A.M. and 2:00 P.M.

Date: _____ **Time:** _____ **Date:** _____ **Time:** _____

Fees: Single Family Home \$250.00 Annual Renewal \$150.00 Change of ownership/property transfer \$100.00
All Registrations Expire on December 1st of Each Year \$125.00 Will Be Added for Payments After January 1st
 (Cash or Checks Payable to: City of Richmond Heights)

**Please Be Advised That No Sleeping Quarters Can Be Located
 In The Basement Unless Code Conforming Provisions Are In Place**

This application is hereby submitted for CERTIFICATION OF AUTHORIZED OCCUPANCY. The acceptance of this certificate herein applied for shall constitute an agreement on the part of the undersigned to abide by all conditions herein contained and to comply with all ordinances of the City of Richmond Heights, laws of the State of Ohio, and any special requirements or rules, regulations and standards of the Department of Building, Zoning and Housing. I hereby certify that all information has been reviewed and is complete and correct.

Owner's Signature _____ Date _____ Co-Owner's/Agent Signature _____ Date _____

Office use

RECEIVED DATE: _____ **INSPECTION DATE:** _____



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Tenant Update List

Owner's Name:			
Address of Rental:			
City: Richmond Heights			
Home Phone:		Work Phone:	
Cell:	Email:		
Fax:			
Tenant One:			
Name			
Current Address			
City/State/Zip			
Phone# Home	Work	Cell	
Email Address			
Date of Birth			
Tenant Two:			
Name			
Current Address			
City/State/Zip			
Phone# Home	Work	Cell	
Email Address			
Date of Birth			
Tenant Three:			
Name			
Current Address			
City/State/Zip			
Phone# Home	Work	Cell	
Email Address			
Date of Birth			
Tenant Four:			
Name			
Current Address			
City/State/Zip			
Phone# Home	Work	Cell	
Email Address			
Date of Birth			