

CITY OF RICHMOND HEIGHTS

DEPARTMENT OF BUILDING, ZONING & HOUSING
26789 Highland Road, Richmond Heights, Ohio 44143
216-383-6312 - Fax: 216-383-6319

RENTAL PROPERTY REGISTRATION APPLICATION

*Rental Property Address: _____ Bedrooms: _____

REQUIRED INFORMATION *

*Owners Name: _____ Email: _____

*Owners Address: _____ (City) _____ (State) _____ (Zip)

*Owners Home Phone: _____ Owners Cell Phone: _____

*Social Security Number: _____ Drivers Licenses Number: _____

Property Manager (if applicable): _____ Firm: _____

Address: _____
(City) _____ (State) _____ (Zip) _____

Work Phone: _____ Home Phone: _____ Cell: _____

*Name of Tenant: _____ Phone: _____
(Note: Owner is responsible to notify building department when new tenant occupies rental)

You must list three 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: _____

*Date: _____ Time: _____

Fees: Single Family Home **\$250.00**

Annual Renewal \$150.00

Change of ownership/property transfer \$100.00

(cash or checks payable to: City of Richmond Heights)

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 signature

Date

Office use

RECEIVED DATE: _____

INSPECTION DATE: _____