CITY OF SOUTH EUCLID - HOUSING DEPARTMENT

FORM

VP-CC APPLICATION FOR CERTIFICATE OF COMPLIANCE

PRINT OR TYPE ALL FIELDS

DATE

/ /

NUMBER & STREET OF VACANT BUILDING

SUITE / FLOOR

NAME OF TITLE OWNER, AGENT, LESSE, OR PARTY IN CONTROL OF VACANT BUILDING – PO BOXES ARE NOT AN ACCEPTABLE ADDRESS

ADDRESS

CITY

STATE

ZIP CODE

TELEPHONE NUMBER

- -

EMAIL ADDRESS

NAME OF PROPERTY MANAGEMENT COMPANY / CONTACT – REQUIRED FOR OWNERS LIVING OUTSIDE CUYAHOGA COUNTY

ADDRESS

CITY

STATE

ZIP CODE

TELEPHONE NUMBER

- -

EMAIL ADDRESS

[CHAPTER 1414.05] FEE FOR A CERTIFICATE OF COMPLIANCE SHALL BE TWO HUNDRED DOLLARS ($200.00).

MAKE CHECKS PAYABLE TO: CITY OF SOUTH EUCLID

NOTARIZATION REQUIRED

SIGNATURE OF AFFIANT

SUBSCRIBED AND DULY SWORN BEFORE ME ACCORDING TO THE LAW, BY THE ABOVE NAMED APPLICANT THIS:

_____DAY OF_____, 20_____

IN THE CITY, VILLAGE, OR TOWNSHIP OF_____ STATE _____.

NOTARY PUBLIC