

FORM

# RP-CO 2019 APPLICATION FOR CERTIFICATE OF OCCUPANCY – MULTIPLE UNIT DWELLING

PRINT OR TYPE ALL FIELDS

DATE

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

NUMBER & STREET OF RENTAL PROPERTY – AS RECORDED BY CUYAHOGA COUNTY REAL PROPERTY DEPARTMENT

\_\_\_\_\_

NAME OF OWNER OF RENTAL PROPERTY – IF LLC, ALSO PROVIDE NAME OF OWNER OF LLC

\_\_\_\_\_

ADDRESS – PO BOXES ARE NOT ACCEPTABLE

SUITE / FLOOR

\_\_\_\_\_

CITY

STATE

ZIP CODE

\_\_\_\_\_

TELEPHONE NUMBER

DATE OF BIRTH

\_\_\_\_ - \_\_\_\_ - \_\_\_\_ / \_\_\_\_ / \_\_\_\_

EMAIL ADDRESS

\_\_\_\_\_

NAME OF LOCAL AGENT/MANAGER – REQUIRED FOR OWNERS OUTSIDE OF GREATER CLEVELAND (CUYAHOGA + SURROUNDING COUNTIES)

\_\_\_\_\_

ADDRESS

SUITE / FLOOR

\_\_\_\_\_

CITY

STATE

ZIP CODE

\_\_\_\_\_

TELEPHONE NUMBER

DATE OF BIRTH

\_\_\_\_ - \_\_\_\_ - \_\_\_\_ / \_\_\_\_ / \_\_\_\_

EMAIL ADDRESS

\_\_\_\_\_

### FEES

THE ANNUAL NON-REFUNDABLE RENTAL FEE SHALL BE TWO HUNDRED DOLLARS (\$200.00) FOR THE FIRST UNIT AND ONE HUNDRED FIFTY DOLLARS (\$150.00) FOR EACH ADDITIONAL UNIT UP TO A MAXIMUM LIMIT OF THREE THOUSAND DOLLARS (\$3,000.00), NOT INCLUDING LATE FEES OR PENALTIES.

### AFFIDAVIT – OWNER

I SOLEMNLY SWEAR OR AFFIRM THAT I AM THE OWNER OF THE AFOREMENTIONED PROPERTY AND THAT ALL OF THE INFORMATION I HAVE PROVIDED IN THIS AFFIDAVIT IS TRUE TO THE BEST OF MY KNOWLEDGE OR BELIEF. I FURTHER ACKNOWLEDGE THAT IF I KNOWINGLY PROVIDE FALSE INFORMATION IT MAY BE CONSIDERED FRAUD OR ANOTHER CRIME UNDER THE CODIFIED ORDINANCE OF THE CITY OF SOUTH EUCLID OR THE STATE OF OHIO REVISED CODE AND I MAY BE PROSECUTED FOR SUCH AND A CONVICTION COULD RESULT IN FINE, IMPRISONMENT, OR BOTH.

\_\_\_\_\_

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

### AFFIDAVIT – AGENT / OPERATOR

I SOLEMNLY SWEAR OR AFFIRM THAT I AM THE AGENT / OPERATOR OF THE AFOREMENTIONED PROPERTY AND THAT ALL OF THE INFORMATION I HAVE PROVIDED IN THIS AFFIDAVIT IS TRUE TO THE BEST OF MY KNOWLEDGE OR BELIEF. I FURTHER ACKNOWLEDGE THAT IF I KNOWINGLY PROVIDE FALSE INFORMATION IT MAY BE CONSIDERED FRAUD OR ANOTHER CRIME UNDER THE CODIFIED ORDINANCE OF THE CITY OF SOUTH EUCLID OR THE STATE OF OHIO REVISED CODE AND I MAY BE PROSECUTED FOR SUCH AND A CONVICTION COULD RESULT IN FINE, IMPRISONMENT, OR BOTH.

\_\_\_\_\_

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

# RP-CO 2019 APPLICATION FOR CERTIFICATE OF OCCUPANCY – MULTIPLE UNIT DWELLING

PRINT OR TYPE ALL FIELDS

### TENANT INFORMATION

**MAXIMUM (3) UNRELATED PERSONS PER UNIT.**

INFORMATION IS NECESSARY FOR TAX PURPOSES.

TENANT LIST CAN BE SUBMITTED ON A SEPARATE DOCUMENT IF ADDITIONAL SPACE IS NEEDED.

UNIT ADDRESS / FLOOR / SUITE

NAME OF PRINCIPAL TENANT

TELEPHONE NUMBER

LEASE EXPIRATION DATE

MONTH TO MONTH

NAME OF TENANT (2) RELATIONSHIP TO PRINCIPAL TENANT: FAMILY  FRIEND  ROOMMATE

NAME OF TENANT (3) RELATIONSHIP TO PRINCIPAL TENANT: FAMILY  FRIEND  ROOMMATE

NAME OF TENANT (4) RELATIONSHIP TO PRINCIPAL TENANT: FAMILY  FRIEND  ROOMMATE

NAME OF TENANT (5) RELATIONSHIP TO PRINCIPAL TENANT: FAMILY  FRIEND  ROOMMATE

UNIT ADDRESS / FLOOR / SUITE

NAME OF PRINCIPAL TENANT

TELEPHONE NUMBER

LEASE EXPIRATION DATE

MONTH TO MONTH

NAME OF TENANT (2) RELATIONSHIP TO PRINCIPAL TENANT: FAMILY  FRIEND  ROOMMATE

NAME OF TENANT (3) RELATIONSHIP TO PRINCIPAL TENANT: FAMILY  FRIEND  ROOMMATE

NAME OF TENANT (4) RELATIONSHIP TO PRINCIPAL TENANT: FAMILY  FRIEND  ROOMMATE

NAME OF TENANT (5) RELATIONSHIP TO PRINCIPAL TENANT: FAMILY  FRIEND  ROOMMATE

UNIT ADDRESS / FLOOR / SUITE

NAME OF PRINCIPAL TENANT

TELEPHONE NUMBER

LEASE EXPIRATION DATE

MONTH TO MONTH

NAME OF TENANT (2) RELATIONSHIP TO PRINCIPAL TENANT: FAMILY  FRIEND  ROOMMATE

NAME OF TENANT (3) RELATIONSHIP TO PRINCIPAL TENANT: FAMILY  FRIEND  ROOMMATE

NAME OF TENANT (4) RELATIONSHIP TO PRINCIPAL TENANT: FAMILY  FRIEND  ROOMMATE

NAME OF TENANT (5) RELATIONSHIP TO PRINCIPAL TENANT: FAMILY  FRIEND  ROOMMATE

NO PERSON WHO OCCUPIES THE THIRD FLOOR OF A TWO FAMILY DWELLING STRUCTURE SHALL STORE, COOK OR OTHERWISE PREPARE FOOD IN THE THIRD FLOOR RENTAL UNIT OR COMMON AREA. SUCH ACTIVITIES ARE NOT PERMITTED. APPLIANCES OR EQUIPMENT WHICH ARE USED FOR SUCH ACTIVITIES ARE NOT PERMITTED ON THE PREMISES.

**RETURN ALL MATERIALS BY JANUARY 7, 2019 TO:**

CITY OF SOUTH EUCLID, HOUSING DEPARTMENT, 1349 SOUTH GREEN ROAD, SOUTH EUCLID, OHIO 44121