



The City of Shaker Heights Application for Shaker Renovator Program

SHAKER
HEIGHTS

Date: _____

Company Information

Name of Company: _____

Name of Owner(s) of Firm: _____

Mailing Address: _____

City, State and Zip Code: _____

Primary Phone Number: (____) _____ Secondary Phone Number: (____) _____

Fax Number: (____) _____ E-Mail Address: _____

Properties Owned in Shaker Heights (individually or as a company)

List addresses of properties in Shaker Heights in which you currently have an ownership interest:

Do you owe any property or income taxes to the City of Shaker Heights? Yes No

Are any Shaker Heights properties in which you have an ownership interest in foreclosure? Yes No

Are all Shaker Heights properties in which you have an ownership interest in compliance with City Codes, or making progress acceptable to the City? Yes No

References

Provide the following information for three references. At least one reference must be from a non-affiliated entity, and one from a supplier with whom you have done business. Other governmental references are welcome.

Name	Address	Phone Number	Reference Type

Properties Renovated in Shaker Heights

Provide the following information on properties in Shaker Heights you have owned and renovated within the past 18 months (you must have completed at least two to qualify). Attach pictures of the interior work for each property to allow us to determine if your renovation work qualifies for this program. Describe non-permit work in sufficient detail for us to understand the scope of the project and if it meets program criteria.

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Address	Date Bought	Date Sold	Rehab cost	List Permits Pulled
Rehab description (e.g. total gut/rehab, kitchen remodel, bathroom remodel, addition, etc.)				

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Applicant Certification:

I declare under the penalties of falsification (ORC Section 9.66(C)(1) and 2931.13(D)(1)) that this application, including all accompanying documents and statements, has been examined by me, and to the best of my knowledge is true, correct and complete.

Signature of Owner(s) of Company

Date

Printed Name(s)



Please return the application to:

Kamla Lewis
 City of Shaker Heights
 Neighborhood Revitalization Department
 3450 Lee Road
 Shaker Heights, Ohio 44120

For further information regarding this program please contact Kamla Lewis at 216-491-1374 or by e-mail at kamla.lewis@shakeronline.com.



Please note: Incomplete applications will not be processed. Applicant agrees to supply additional information upon request. A face to face interview may be requested.