

CITY OF SHAKER HEIGHTS
HOUSING INSPECTION DEPARTMENT
3450 LEE ROAD
SHAKER HEIGHTS, OH 44120
(216) 491-1470

Two Family w/Third Floor Certificate of Occupancy

RE: _____

Application for 2017

Application Fee: \$100.00 (per rental unit)**

Occupancy Certificate Expires: 12/31/2017

=====

1413.01(b) CERTIFICATE OF OCCUPANCY REQUIRED. No person shall occupy, and no owner, operator, or resident agent shall permit a person to occupy a rental unit, unless the Director of Housing Inspection has issued a Certificate of Occupancy for such unit, which certificate has not expired, been revoked or otherwise become null and void. Please provide the information requested, to include the full names of all occupants, and return this completed form, along with the \$100.00 application fee per rental unit.** **If the completed application and required fee are not received by the Housing Inspection Department by February 1, 2017, the fee for a Certificate of Occupancy will increase to \$200.00 per rental unit.** Incomplete applications will not be accepted. Please make checks payable to: City of Shaker Heights.

=====

OCCUPANCY STATUS

First Floor Address OR Side One Address: _____

Head of Household	Age	Social Security Number (Optional)	Telephone Number
_____	_____	_____	_____

Other Occupants	Age	Social Security Number (Optional)	Relationship to Head of Household
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Second Floor Address OR Side Two Address: _____

Head of Household	Age	Social Security Number (Optional)	Telephone Number
_____	_____	_____	_____

Other Occupants	Age	Social Security Number (Optional)	Relationship to Head of Household
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

THIRD FLOOR ROOMER	Age	Social Security Number (Optional)	Telephone Number
_____	_____	_____	_____

Name (owner/agent): _____
(Please Print)

Residence Address: _____

City: _____ State: _____ Zip: _____
(A Post Office Box may not be used for a mailing address)

Telephone Number: Home: _____ Work: _____

E-Mail Address: (Optional) _____

Social Security Number: (Optional) _____

I affirm that there are no refrigeration or cooking facilities on the third floor, including but not limited to, a refrigerator, stove, microwave oven, hot plate or toaster oven. I further affirm that the information provided herein is true, correct and complete to the best of my knowledge, and I understand that any false information shall be considered sufficient cause to void this application and could result in criminal prosecution.

Date _____ Signature _____