

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

Two Family 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Director of Housing Inspection has issued a Certificate of Occupancy for such unit, which certificate has not expired, been revoked or otherwise become null and void.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 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. 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
-----------------	-----	--------------------------------------	--------------------------------------

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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 the third floor is not being rented as a separate dwelling unit and there are no refrigeration or cooking facilities located therein, including but no 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 \_\_\_\_\_