

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

Single Family Certificate of Occupancy

RE: \_\_\_\_\_

Application for 2017

Application Fee: \$200.00 \*\*

Occupancy Certificate Expires: 12/31/17

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**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Director of Housing Inspection has issued a Certificate of Occupancy for such unit, which certificate has not expired, been revoked or otherwise become null and void.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 \$200.00 application fee.\*\* **If the completed application is not received by the Housing Inspection Department by February 1, 2017, the fee for a Certificate of Occupancy will increase to \$400.00.** Incomplete applications will not be accepted. Please make checks payable to: City of Shaker Heights.

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OCCUPANCY STATUS

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

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

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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 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 \_\_\_\_\_