



RENTAL INSPECTION APPLICATION - COMMERCIAL

Building Department

Rental Inspection Fee: \$150.00

Applicant must provide a copy of driver's license or State Issued ID

Property Information

Address: _____ Unit: _____

Is this property registered as a rental unit with the Building Department this year?

- Yes Registration Permit Number: _____
 No (If no, a Rental Registration Application must be submitted with this application.)

Have the tenants in this rental unit changed?

- Yes (If you answer yes, a new Rental Registration Application must be submitted with this application.)
 No

Is this rental unit currently vacant?

- Yes
 No When did the current tenant move into the rental unit? _____

Applicant Information

Name: _____

Company Name (if applicable): _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ E-mail Address: _____

I am the (check one): Property Owner Agent in Charge

Acknowledgement & Signature

I, _____, am submitting this Rental Inspection Application to comply with Maple Heights Codified Ordinance Section 1486.02(d) and 1486.02(e), Rental Inspection and Tenant Rental License. I understand that the following:

- An inspection of the exterior of the home will be performed.
- If the Owner/Agent in Charge desires an inspection of the interior of the home, the Owner/Agent in Charge must sign the Consent below.
- The Owner/Agent in Charge must be present and the inspector must be able to access all areas of the yard.
- The Owner/Agent in Charge has 60 days from the date of initial inspection to correct all violations found during the inspection. After 60 days, if no extension is granted, the rental inspection is expired and must be paid for and performed again.
- One re-inspection is included in the Rental Inspection Fee. A re-inspection fee of \$60.00 per re-inspection shall be charged for each additional re-inspection or failure to appear for a scheduled inspection.
- Anyone falsifying information on this permit application is guilty of falsification per Cod. Ord. Sec. 606.10(a)(5), a first degree misdemeanor, punishable by a fine up to \$1,000 and a jail term up to 180 days.

Acknowledgement Signature: _____ Date: _____

Consent to Inspect Interior: _____ Date: _____

5353 LEE ROAD, MAPLE HEIGHTS, OHIO, 44137

(216) 663-4094 www.citymapleheights.com

1.17.22



TENANT INFORMATION FORM - COMMERCIAL

Building Department

The following information is necessary of tax, health, and safety purposes. Please complete and submit one sheet per property listed on the previous page.

Tenant Information:

Property Address: _____

1. Tenant's Name: _____ Suite Number: _____

Telephone Number: _____ E-mail: _____

2. Tenant's Name: _____ Suite Number: _____

Telephone Number: _____ E-mail: _____

3. Tenant's Name: _____ Suite Number: _____

Telephone Number: _____ E-mail: _____

4. Tenant's Name: _____ Suite Number: _____

Telephone Number: _____ E-mail: _____

5. Tenant's Name: _____ Suite Number: _____

Telephone Number: _____ E-mail: _____

6. Tenant's Name: _____ Suite Number: _____

Telephone Number: _____ E-mail: _____

7. Tenant's Name: _____ Suite Number: _____

Telephone Number: _____ E-mail: _____

8. Tenant's Name: _____ Suite Number: _____

Telephone Number: _____ E-mail: _____

9. Tenant's Name: _____ Suite Number: _____

Telephone Number: _____ E-mail: _____

10. Tenant's Name: _____ Suite Number: _____

Telephone Number: _____ E-mail: _____

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11.18.22



Access ritaohio.com to register electronically using MyAccount. Login to MyAccount to Add a Municipality or Add Subcontractor. These features allow you to report a new location or new subcontractor project electronically.

Municipality _____

Business Type

- Corporation
- S-Corp
- LLC
- Partnership
- Non-Profit
- Estate & Trust
- Sole Proprietor / LLC

Reason for Registration

- Courtesy withholding for an employee's resident municipality
- Doing business within the municipality this year (temporary)

Approx. # of days _____ Start Date _____

- Business with a fixed location
Date business began at this location _____

Company Information (List physical address of work performed within this municipality)

Name: _____	Federal ID #: _____
Address: _____	SSN : _____ <small>(required if sole proprietor)</small>
City/State/Zip: _____	
Mailing Address (for withholding tax forms / if different from above) _____ _____	Mailing Address (for net profit tax forms / if different from above) _____ _____

***Please note that your Federal Identification Number will serve as your RITA account number.**

Filing Status:

- Calendar year
- Fiscal year / month ending _____

Do you have any employees? Yes No

Number of employees at RITA location _____

My withholding is filed under a 3rd party account (PEO or common paymaster) Yes No
If yes, list Federal ID # _____

Monthly gross payroll at RITA location \$ _____

I am a small employer (under \$500,000 in gross revenue during previous year) Yes No

Contractors

I am a contractor Yes No

Will you be using sub-contractors? Yes No
If yes, complete page 2.

Total contract amount of the project \$ _____

The Information Hereby Submitted is True and Correct.

Print Name _____	Title _____	Phone Number _____ / /
Signature _____		Date _____

Please complete and sign this Registration Form and return within 10 business days. Please be advised that failure to timely register with RITA may result in delays in the processing of any required income tax filings or may result in future penalty and interest charges, if applicable. If you have any questions please contact the Registration Department at the number below.

Mail to: RITA
ATTN: BUSINESS REGISTRATION
P.O. BOX 477900
BROADVIEW HEIGHTS, OH 44147-7900

ritaohio.com

Call: 800.860.7482, ext. 5008
TDD: 440.526.5332
Fax: 440.922.3536

Sub-contractor Name / Address	_____	\$
	Contact Name	Contract Amount
	Phone Number	Estimated Start Date
	EIN or Social Security #	Trade
Sub-contractor Name / Address	_____	\$
	Contact Name	Contract Amount
	Phone Number	Estimated Start Date
	EIN or Social Security #	Trade
Sub-contractor Name / Address	_____	\$
	Contact Name	Contract Amount
	Phone Number	Estimated Start Date
	EIN or Social Security #	Trade
Sub-contractor Name / Address	_____	\$
	Contact Name	Contract Amount
	Phone Number	Estimated Start Date
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Sub-contractor Name / Address	_____	\$
	Contact Name	Contract Amount
	Phone Number	Estimated Start Date
	EIN or Social Security #	Trade
Sub-contractor Name / Address	_____	\$
	Contact Name	Contract Amount
	Phone Number	Estimated Start Date
	EIN or Social Security #	Trade
*If more space is needed, you may attach a separate schedule that includes ALL of the required information listed above.		