



# RENTAL INSPECTION APPLICATION - RESIDENTIAL

## 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](http://www.citymapleheights.com)

1.17.22



# TENANT INFORMATION FORM - RESIDENTIAL

## Building Department

The following information is necessary of tax, health, and safety purposes.

### Property & Primary Tenant Information:

Property Address: \_\_\_\_\_

Primary Tenant's Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

### Additional Tenants:

Name of Tenant 2: \_\_\_\_\_

Name of Tenant 3: \_\_\_\_\_

Name of Tenant 4: \_\_\_\_\_

Name of Tenant 5: \_\_\_\_\_

Name of Tenant 6: \_\_\_\_\_

Name of Tenant 7: \_\_\_\_\_

Name of Tenant 8: \_\_\_\_\_

Name of Tenant 9: \_\_\_\_\_

Name of Tenant 10: \_\_\_\_\_

**Names:**

\_\_\_\_ - \_\_\_\_ - \_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_  
Primary Social Security Number      First Name      Middle      Last Name

\_\_\_\_ - \_\_\_\_ - \_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_  
Spouse's Social Security Number      First Name      Middle      Last Name

Primary date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_      Spouse's date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Registration for the city or village of:** \_\_\_\_\_

**Current Residence Address Information:**

\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_  
Street No.      Street Name      Apt. /Suite #      PO Box

\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_  
City / Village      State      Zip Code

Date you moved to this address: \_\_\_\_ / \_\_\_\_ / \_\_\_\_      Contact Phone No. (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Do you own or rent your home? (Please check  one) Own \_\_\_\_ Rent \_\_\_\_

If renting please give the Landlord's name, address and phone number \_\_\_\_\_

**Previous Residence Address Information:**

\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_  
Street No.      Street Name      Apt. /Suite #      City / Village      State      Zip Code

Date you moved to this address: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Employment Information:** (Check Yes or No, if retired please include date of retirement)

Are you employed? Yes \_\_\_\_ No \_\_\_\_      Is your spouse employed? Yes \_\_\_\_ No \_\_\_\_

Are you retired and/or have no taxable income? Yes \_\_\_\_ No \_\_\_\_      If Yes, date you retired: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Is your spouse retired and/or have no taxable income? Yes \_\_\_\_ No \_\_\_\_      If Yes, date your spouse retired: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Do you have income reported on Federal Schedules C, E or F? Yes \_\_\_\_ No \_\_\_\_

Does your spouse have income reported on Federal Schedules C, E or F? Yes \_\_\_\_ No \_\_\_\_

Do you and/or your spouse own rental property? Yes \_\_\_\_ No \_\_\_\_ (Please list tenant's name, address and date you began renting property. If you have multiple properties, please supply additional information on back or a separate sheet of paper.)

Tenant's First, Last Name and address: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_