

City of Garfield Heights Building Department

5407 Turney Rd.

Garfield Heights, Ohio 44125

Voice: (216) 475-3835 Fax: (216) 475-6081



Fee: \$100.00 1st unit, \$25.00 each additional unit

Application for Residential Rental Unit Certificate of Occupancy

Date: _____

Address of Property to be inspected: _____ # of Rental Units _____

Owner Information:

Full Name: _____ SS#: _____

Mailing Address: _____ D.O.B. _____

City, State, Zip: _____

Telephone: _____

Property Manager: (if applicable) _____ Telephone: _____

Rental Unit #1

Current # of Occupants: _____

Full Name of Head of Household: _____ Telephone: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

(Use back if necessary for additional names, and telephone)

Rental Unit #2

Current # of Occupants: _____

Full Name of Head of Household: _____ Telephone: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

(Use back if necessary for additional names, and telephone)

I declare this application to be true, correct, and complete. I understand that an inspection is necessary once every three (3) years from the date of its issuance, or from the date of commencement of occupancy, whichever date is earlier. **I understand and agree that it is my responsibility to schedule the inspection after the Building Department receives my application and fee.** I agree to abide by the rules and regulations set forth by the City of Garfield Heights governing rentals. A copy of this legislation is available upon request.

Signature of Applicant