



THE CITY OF MAYFIELD HEIGHTS ~ BUILDING DEPT.

6154 Mayfield Road - Mayfield Heights, Ohio 44124-3296
Phone: 440/442-2626, x281 Fax: 440/442-7662

RENTAL LICENSE APPLICATION - 2023

(please print or type)

LICENSE FEES:

House: \$100.00/unit Condo: \$25.00/unit
*Late fee penalty: \$100 (house or condo)

STREET ADDRESS: _____

OWNER OF RECORD: _____

Owner Address: (no PO Boxes): _____

City, State, Zip: _____ Phone: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Agent Name: _____ Phone: _____

*I authorize the city inspector to perform an exterior inspection of the entire property ___ NO ___ YES
(Interior inspections will be completed on a complaint-driven basis).

1341.011; Housing License No person shall let, rent, lease, conduct, operate, occupy, maintain, or own any building or portion of any building in which there is one or more rental dwelling units or in which a rooming house is operated, or hold any interest therein, unless a housing license, as provided in this chapter, has been applied for, issued, and is in force.

1341.02(a)(1); If the owner of the rental property does not reside in Ohio, they shall provide the name, address, phone number, emergency contact information, and email of a property manager/authorized manager or agent in charge of maintaining the property who does reside in or have a principal place of business in Ohio. The owner consents that this person is authorized to receive any notices relating to the property and conformances of any ordinances. (Be sure to complete the information on page 2 for the property manager).

I hereby request a general rental inspection of the above property's exterior dwelling structure and premises. I agree to adhere to all rules, regulations, and fees of said inspection as required by the City of Mayfield Heights Codified Ordinances.

I declare under penalty of perjury that this application has been examined by me and is true, correct, and complete.

Signature of Owner or Agent: _____

Type or Print Name: _____

Date of Signature: _____

Any questions, please contact Chris Corrigan, Housing Manager, at 440-442-2626, Ext. 281,
chriscorrigan@mayfieldheights.org

Please fill out the tenant information on the next page.

Tenant Information Worksheet

Name of each primary adult or principal tenant (use additional paper if necessary)

#1 Tenant Name	Phone #	Email Address
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#2 Tenant Name	Phone #	Email Address
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#3 Tenant Name	Phone #	Email Address
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Children Information:

Name of Child	Name of Child
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Name of Child	Name of Child
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Name of an in-state property manager: _____
(only complete if the owner does not live in Ohio)

Current Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Emergency Phone Number: _____

Email: _____