

VILLAGE OF BROOKLYN HEIGHTS
BUILDING DEPARTMENT
345 Tuxedo Avenue
Brooklyn Heights, Ohio 44131
Tel. 216-749-4300 Fax 216-741-3753

APPLICATION FOR RENTAL OCCUPANCY PERMIT
1,2 OR 3 FAMILY RESIDENTIAL

PLEASE PRINT

TYPE OF USE (single or double): _____

PROPERTY ADDRESS: _____ **PARCEL NUMBER:** _____

TENANT(S) NAME: _____

CHILDREN: _____

TENANT PHONE: _____

OWNER(S) NAME: _____

HOME ADDRESS: _____

CITY _____ **STATE** _____ **ZIP CODE** _____

HOME PHONE _____ **WORK PHONE** _____ **CELL/PAGER** _____

CO-OWNER OR RESIDENT AGENT NAME: _____

HOME ADDRESS: _____

CITY _____ **STATE** _____ **ZIP CODE** _____

HOME PHONE _____ **WORK PHONE** _____ **CELL/PAGER** _____

1. I agree that permission is granted to the Village of Brooklyn Heights to conduct an interior and exterior property inspection. I agree that the property will comply with all Village Ordinances and Property Maintenance Code at all times.
2. I understand that this Certificate of Occupancy will be valid for the above tenant(s) only and will expire when these tenant(s) vacate the premises, whereupon a new inspection and Certificate of Occupancy will be required. I further understand that this is **NOT A POINT OF SALE INSPECTION**.
3. I agree that no person will be permitted to move into this property until all violations are corrected and that some violations may possibly be permitted to be completed at a later date, as agreed to by the Building Department.

SIGNATURE: _____ **DATE:** _____

WITNESS BY: (OFFICE USE ONLY) _____ **DATE:** _____

FEE: \$35.00