



City of Parma Heights

Department of Public Service

6281 Pearl Road

Parma Heights, Ohio 44130

Tel: 440-884-9607

Fax: 440-843-5818

Certificate no. _____

Fee \$100.00

Date _____

Condominium Rental Certificate Application

Rental Property Address _____

Owner Name _____

Home Phone _____ **Cell no.** _____ **Fax no.** _____

Owners Mailing Address _____

Email address _____

Emergency contact number (given to Fire and Police) _____

Property Manager Name _____

Property Manager Address _____

Property Manager Contact Number _____

President of Association _____ **Contact number** _____

Date of Lease _____ **Number of Occupants** _____

Does the unit have an outdoor balcony or patio? (Yes or No) _____

Is there a garage or assigned parking space? (Yes or No) _____

(If yes, what is the number) _____

I do hereby acknowledge my responsibility under Ordinance 1394 of the Codified Ordinance of the City of Parma Heights. I also am fully aware of the requirements of said ordinance, and agree to comply fully.

Date _____

Signature _____

Print Name _____

Complete information on reverse side