



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

TENANT INFORMATION INSTRUCTIONS

Please complete the information called for below before returning the application of Certificate of Occupancy. This information is also used for tax purposes and is **MANDATORY**. The application will not be processed unless accompanied by this information. **Information must be supplied even if the tenants have not changed from previous registration.** When identifying heads of household and all other occupants, note both first and last names of each person. If the head of household is the legal guardian for any child listed, please indicate that relationship.

Address _____

Head of Household _____

Telephone No. _____

Cell Number _____

No of Persons Living in Unit _____

Other Occupants (state name, age & relationship of minor children)

1. _____

2. _____

3. _____

List any occupants over the age of 18

1. _____
2. _____
3. _____