



City of Parma Heights  
Department of Public Service  
6281 Pearl Road  
Parma Heights, Ohio 44130  
Tel: 440-842-5043  
Fax: 440-843-5818

CERTIFICATE \_\_\_\_\_

FEE \$100.00 \_\_\_\_\_

DATE \_\_\_\_\_

**Rental Certificate Application**

**Owner Name** \_\_\_\_\_

**Rental Property Address** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Cell no.** \_\_\_\_\_ **Fax no.** \_\_\_\_\_

**Owners Mailing Address** \_\_\_\_\_

**Email address** \_\_\_\_\_

**Emergency contact number (given to Fire and Police)** \_\_\_\_\_

**Federal Tax ID Number** \_\_\_\_\_

**Property Manager Name** \_\_\_\_\_

(If applicable)

**Property Manager Address** \_\_\_\_\_

**Date of Lease** \_\_\_\_\_ **Number of Occupants** \_\_\_\_\_

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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.

**UNIT 1.**

Address \_\_\_\_\_

Head of Household \_\_\_\_\_

Telephone No. \_\_\_\_\_

Cell Number \_\_\_\_\_

No of Persons Living in Unit \_\_\_\_\_

**Other Occupants (state age of  
minor children & relationship)**

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

4. \_\_\_\_\_

\_\_\_\_\_

**List any occupants over the age of 18**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**UNIT 2.**

Address \_\_\_\_\_

Head of Household \_\_\_\_\_

Telephone No. \_\_\_\_\_

Cell No. \_\_\_\_\_

No. of Persons Living in Unit \_\_\_\_\_

**Other Occupants (state age of  
minor children & relationship)**

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

4. \_\_\_\_\_

\_\_\_\_\_

**List any occupants over the age of 18**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_