



City of North Royalton

Mayor Robert A. Stefanik
Community Development, Building Division
Dan Kulchysky Building Commissioner
11545 Royalton Road, North Royalton, OH 44133

Phone: 440-582-3000

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APPLICATION FOR A CERTIFICATE OF RENTAL REGISTRATION One-, Two- and Three-Family Dwelling Units

- Submit one completed application per building or structure. Type or print all information in ink. Fill in the forms completely. Incomplete forms may delay processing.
- Certificates of Rental Registration expire on December 31 of the calendar year in which it was issued.
- Applications for Certificates of Rental Registration shall be submitted no later than February 1 of the year for which the application is made or within 30 days of the unit becoming a rental.
- Fees in accordance with C.O. Section 1485.03(f) shall be charged for each rental unit. Applications submitted after the deadlines shall be subject to late fees in accordance with C.O. Section 1485.03(g).
- An inspection shall be scheduled at the direction of the Building Commissioner or Service Director. In the event that an owner and/or manager fail to appear at the time of an arranged inspection, a \$40.00 reinspection fee shall be charged.
- Rental owners are required to file Federal Schedule E (Supplemental Income / Loss for Rental Real Estate) with the Regional Income Tax Agency (RITA) every year.
- For information regarding your responsibilities in relation to the Fair Housing Act please contact the Housing Research and Advocacy Center at (216) 361-9240 or visit their website at thehousingcenter.org.

1. ADDRESS OF RENTAL PROPERTY:

Address _____

Permanent Parcel Number _____

Zoning District and Ward _____

2. TYPE OF APPLICATION:

New Rental _____ Renewal Rental _____

3. TYPE OF RENTAL AND FEE:

One-family _____
\$50 / \$125 if late

Two-family _____
\$75 Fee / \$125 if late

Three-family _____
\$100 Fee / \$125 if late

Condominium _____
\$50 Fee / \$100 if late

4. PROPERTY OWNER:

Name(s) _____

Name of Business (if applicable) _____

Address _____

Phone _____

City, State and Postal Code _____

Email (electronic mail) _____

5. RESIDENT AGENT OR PROPERTY MANAGER (IF APPLICABLE):

_____ Name	_____ Name of Business (if applicable)
_____ Address	_____ Phone
_____ City, State and Postal Code	_____ Email (electronic mail)

6. OCCUPANT INFORMATION – UNIT 1:

_____ Tenant Name(s)	_____ Address and/or Unit Number
_____ Phone	_____ Mobile Phone
_____ Number of Persons Living in Unit	_____ Number of Children and Ages

7. OCCUPANT INFORMATION – UNIT 2:

_____ Tenant Name(s)	_____ Address and/or Unit Number
_____ Phone	_____ Mobile Phone
_____ Number of Persons Living in Unit	_____ Number of Children and Ages

8. OCCUPANT INFORMATION – UNIT 3:

_____ Tenant Name(s)	_____ Address and/or Unit Number
_____ Phone	_____ Mobile Phone
_____ Number of Persons Living in Unit	_____ Number of Children and Ages

9. OWNER CERTIFICATION:

I acknowledge that the rental unit(s) have working smoke alarms located on each level, in each bedroom and in outside of each sleeping area, such as a corridor, in the immediate vicinity of the sleeping rooms.

I acknowledge that the rental unit(s) have working carbon monoxide alarms located on each level, in each bedroom and in outside of each sleeping area, such as a corridor, in the immediate vicinity of the sleeping rooms.

I acknowledge that the rental unit(s) comply with all city ordinances, state and federal laws, including but not limited to the Fair Housing Act.

I certify under the penalties of perjury that this application has been examined by me and all of the information contained in is true, accurate and complete.

_____ Owners Signature	_____ Printed Name, Title and Date
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_____ Permit Application Number	_____ Building Commissioners Signature and Date
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