

APPLICATION
NON-OWNER OCCUPANCY LICENSE
CHAPTER 1365

Application Fee is \$300.00
Made payable to the City of Willowick

City of Willowick Building Department
31230 Vine Street Willowick Ohio 44095
Phone 440-516-3000 Fax 440-585-3776

Date: _____

PLEASE COMPLETE THE FOLLOWING

1. Address of Non-Owner occupied premises _____
Number of rooms _____
Is this property New Non-Owner _____ **Renewal Non-Owner** _____

2. Name of applicant _____
Address _____
City _____ **State** _____ **Zip** _____
Interest of applicant _____

3. Name of owner _____
Address _____
City _____ **State** _____ **Zip** _____
Phone _____ **Soc. Sec. or Fed. ID. NO** _____

4. Name of residents at property (over 18 yrs old)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

5. Name & phone number of person to contact for inspection:
Name: _____ **Phone:** _____