

NON-OWNER OCCUPANCY LICENSE APPLICATION

PER CHAPTER 1365

FEE \$300.00 PAYABLE TO CITY OF WILLOWICK

City of Willowick Building Department

31230 Vine Street Willowick Ohio 44095

1-440-516-3000 fax 1-440-585-3776

DATE: _____

Address of NON-OWNER OCCUPIED premises _____

of bedrooms _____ **# of bathrooms** _____ **# OF OCCUPANTS** _____

New rental _____ **Renewal** _____

Name of owner _____

Owner address _____

EMAIL _____ **PHONE#** _____

FED I.D. NUMBER / SOC SEC NUMBER _____

Name of applicant or statutory agent _____

Applicant / Agent address _____

Email _____ **PHONE#** _____

LOCAL contact information for responsible party for inspection

Name _____ **Address** _____

Email _____ **PHONE#** _____

By signing, I declare that this application is true, correct and complete.

Owner / Agent Signature: _____ **Date:** _____

Printed name: _____

Incomplete applications or applications without fee will not be accepted and returned. License is good for 2 (two) years.

FOR OFFICE USE ONLY **DATE** _____

HOW PAID _____ **CHECK #** _____ **CREDIT CARD #** _____