

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:** _____