NON-OWNER OCCUPANCY LICENSE APPLICATION PER CHAPTER 1365

FEE \$300.00 PAYABLE TO THE CITY OF WILLOWICK

31230 VINE ST. WILLOWICK , OH 44095

440-516-3000 Fax - 440-585-3776

Date:	
New Renewal	
Address of Non-Owner Occupied Premises	
# of bedrooms # of bathrooms	# of occupants
Name of Owner	
Owners Address	
Email Phone #	
Fed I.D. # / Soc. Sec. #	
Name of residents at property over 18 yrs. old	
1)	4)
2)	5)
3)	6)
Initial one of the following	
Interior & Exterior Inspection Exterior	Inspection Only
A notarized affidavit required for exterior insp	pection only
1365.06 Essuance of License without an interior Investigation	
The Chief Inspector may Issue a license without an Interior investigation, provides such applicant, states that the building for which the license is desired complies hereunder and with all of the laws, ordinances, rules and regulations applicable	ded that the applicant for a license, in writing upon a form approved by Council and signed by in all respects with the provisions of this chapter and the rules and regulations prescribed to such building and use for which is it intended.
Name of applicant or statutory agent	
Applicant / Agent address	
Email	Phone #
Local contact information for responsible party for ins	spection
Name Addres	s
EmailPhone	#
Owner / Agent Signature:	Date:
Print Name:	
Incomplete applications and without fee will be	e returned.
Office Use Date: How Paid: Cl	heck# Cash: Credit Card:

Affidavit of Compliance

Ordinance 1365 Licensing of Single-Family Residential Rental Units

Date:
Property Address:
Willowick, OH 44095
RE: Interior Inspection Waiver
I, the undersigned property owner, do hereby state that the interior of the building, for which the license is desired, complies in all respects with the provisions of this chapter and the rules and regulations prescribed hereunder and with all of the laws, ordinances, rules and regulations applicable to such building and use for which it is intended.
I acknowledge that reliance upon this Affidavit may result in the issuance of a permit by the City of Willowick that may be revoked should it later be determined by the City of Willowick that a representation made by me in this Affidavit be false or untruthful.
I understand and acknowledge the above conditions.
Printed Name
Signature of Property Owner

SWORN BEFORE ME AND SUBSCRIBED IN MY PRESENCE ON THIS
, DAY OF
NOTARY PUBLIC