



**City of Cleveland  
Department of Building & Housing  
Certificate of Rental Registration Payment Coupon**

**Payment by Mail:**

**City of Cleveland  
Department of Building & Housing  
Attn: Rental Registration  
601 Lakeside Ave – Room 517  
Cleveland, OH 44114-1070**

*Make check or money order payable to: City of Cleveland*

**Payments in Person:**

**Cleveland City Hall – Department of Building & Housing  
601 Lakeside Ave – Room 517  
Cleveland, OH 44114-1070**

*In person payment methods: Cash, Check, Money Order, Amex, Visa, Master Card, Discover*

**Payments online:**

ca.permitcleveland.org

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**Rental Registration Address:** \_\_\_\_\_

**Invoice/Renewal Number:** \_\_\_\_\_ (If known)

**Permanent Parcel Number:** \_\_\_\_\_

**Number of Dwelling Units:** \_\_\_\_\_ X \$70.00 Per Unit = Total Fee Due: \_\_\_\_\_

**Amount Enclosed:** \_\_\_\_\_

<b>Property Owner Name:</b> _____		
<b>Address:</b> _____	<b>City/State:</b> _____	<b>Zip:</b> _____



## Certificate of Rental Registration Application

All rental property owners/agents or person in charge of any rental property designed or intended to be used as rental dwelling units located in Cleveland, OH, whether or not such units are located within the same structure or any part thereof must register and pay rental registration fees of \$70.00 per unit and obtain a Certificate of Rental Registration issued by the Department of Building & Housing for such structures or units. No fee is required for the unit that the owner occupies. Please note this not voluntary, it is a requirement of chapter 365, 369, and 371 of the Cleveland Codified Ordinances.

### Applicant/Owner Information

Name:		Phone:
Address:		
City:	State:	ZIP Code:
Alternate Mailing Address:		
City:	State:	ZIP Code:
Cell Phone:	Email:	Alternate Phone:

### Rental Property Information

**List only the address of property that you are registering below.**

<b>Property Address:</b>	<b># of Units:</b>
<b>City: Cleveland</b>	<b>State: Ohio</b> <b>Zip Code:</b>

Name of Tenant at property:			
Address:		Suite/Unit:	
City: Cleveland	State: Ohio	Zip Code:	Phone:

### Partnership and Corporation Information

Business Name:			
Please list the name of each officer		President:	Vice Pres.:
General Partner:		Other:	
Address:		City/State:	Zip Code:
Alternate Mailing Address:		State:	Zip Code:

### Custodian/Superintendent

Name:		
Address:		City/State:      Zip:
Phone:	Cell Phone:	Alternate Phone:

### Emergency Contacts (please list at least two)

Name:	Address:	Phone:

If you have questions regarding this application, please call 216-664-2827 or 216-664-2826. Also you may come in person to Cleveland City Hall 601 Lakeside Ave – Room 517, Cleveland, OH 44114

Signature of applicant:	Date:
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