



**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

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: _____

Property Owner Name: _____

Address:

City/State:

Zip:



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.

Property Address:	# of Units:
City: Cleveland	State: Ohio
Zip Code:	
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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