

CITY OF NORTH OLMSTED

Mayor Thomas O'Grady

David Conway, **Building Commissioner**

Building Department

LEASING PERMIT APPLICATION (One, Two & Three Unit Residential Rental Property)

OWNERSHIP INFORMATION;

Address(es) of Rental Property Units: _____

Owner of Property: _____ Phone: _____

Mailing Address of Owner: _____

Statutory Agent of Owner: _____

Rental Agent or Manager (if any): _____

Agent/Manager Phone: _____

TENANT INFORMATION:

No. of Dwelling Units: _____ No. of Off-Street Parking Spaces Available: _____

Description of Dwelling Units:

<u>Unit #1</u>	<u>Square Footage</u>
___ # of Bedrooms	____;____;____;_____
___ Kitchen	_____
___ Dining Room	_____
___ Living Room	_____
___ Family Room	_____
___ # of Baths	_____
___ Basement	_____
___ Other Rooms	_____

<u>Unit #2</u>	<u>Square Footage</u>
___ # of Bedrooms	____;____;____;_____
___ Kitchen	_____
___ Dining Room	_____
___ Living Room	_____
___ Family Room	_____
___ # of Baths	_____
___ Basement	_____
___ Other Rooms	_____

Unit #3	Square Footage
___ # of Bedrooms	____;____;____;____
___ Kitchen	_____
___ Dining Room	_____
___ Living Room	_____
___ Family Room	_____
___ # of Baths	_____
___ Basement	_____
___ Other Rooms	_____

INDIVIDUAL TENANT INFORMATION – UNIT 1 (Required)

Provide the Names of All Occupants over the Age of 18:

State the Number of Occupants under the Age of 18: _____

INDIVIDUAL TENANT INFORMATION – UNIT 2 (Required)

Provide the Names of All Occupants over the Age of 18:

State the Number of Occupants under the Age of 18: _____

INDIVIDUAL TENANT INFORMATION – UNIT 3 (Required)

Provide the Names of All Occupants over the Age of 18:

State the Number of Occupants under the Age of 18: _____

_____ If the property is not a rental property, initial here and sign below.

I certify that the information given herein is true and complete to the best of my knowledge.

Signature of Owner(s) _____
Date

Address of Subject Property: _____