

*The City of*  
**East Liverpool**  
WE'RE OPEN FOR BUSINESS

City of East Liverpool  
Planning Department  
126 W 6<sup>th</sup> Street  
East Liverpool, OH 43920  
330-385-5394

[www.eastliverpool.com](http://www.eastliverpool.com)  
Email: [b.turner@eastliverpool.com](mailto:b.turner@eastliverpool.com)

## Rental Housing License Application

(Please submit \$60.00 per unit with application. Make checks payable to **City of East Liverpool**)

Rental Property Address

Unit/Apt#

Number of Units in Building (rooms connected with a bathroom & kitchen): \_\_\_\_\_

Number of Bedrooms: \_\_\_\_\_ Number of Other Rooms (not counting bathroom): \_\_\_\_\_

Sq. Footage of Dwelling: \_\_\_\_\_ Construction Material: \_\_\_\_\_

How Many Stories: \_\_\_\_\_

Occupant's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Building Type (check One): Single Family Dwelling \_\_\_\_\_ Apartment Building \_\_\_\_\_ Duplex \_\_\_\_\_

Tri-Plex \_\_\_\_\_ Four-Plex \_\_\_\_\_ Bed & Breakfast \_\_\_\_\_ Other (Explain: \_\_\_\_\_)

(OVER)

Owner Info (check one): Sole Owner \_\_\_\_\_ Partnership/LLC\* \_\_\_\_\_ Corporation\* \_\_\_\_\_

Primary Owner: \_\_\_\_\_

Address: \_\_\_\_\_

Agent Name: \_\_\_\_\_ Agent Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Fax: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Email Address (used for reminders only by this Dept): \_\_\_\_\_

After receiving an application for a rental housing license, the Housing Inspector needs to set up an inspection of the property. (Inspection is to be within 5 working days of this application.)

*\*Must provide information for all owners and/or partners and the agent that might manage your properties. (Please provide on separate sheet)*

Date to be Inspected: \_\_\_\_\_ Time: \_\_\_\_\_ Inspector: \_\_\_\_\_

Pass: \_\_\_\_\_ Fail: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

By signing this application, I certify that I am the owner and affirm under penalty of perjury that the information on this application is true to the best of my knowledge and belief. I further certify that each occupied residential rental unit to be licensed will be kept fit for human habitation and will be maintained in full compliance with all applicable ordinances of the city, including, but not limited to, zoning, building, electrical, and plumbing codes. I also understand that if there are any changes in property ownership, owner address, legal agent/contact information that I **must** notify the City of East Liverpool Planning Department within **10 days** of the change.

**\*\*Please Initial and date that you have read and understood the foregoing paragraph: \_\_\_\_\_ Date: \_\_\_\_\_**

Also, you need to supply us with **EVIDENCE OF PROPERTY INSURANCE**.

Please have your insurance company list us as a **CERTIFICATE HOLDER**.

**Our Fax Number: 330-386-7406**

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### OFFICE USE

Receipt Number: \_\_\_\_\_

License Number: \_\_\_\_\_

First Time License \_\_\_\_\_ Renewal \_\_\_\_\_

Proof of Fire Insurance \_\_\_\_\_

Date License Issued \_\_\_\_\_