The City of East Liverpool
Planning Department
126 W 6th Street
East Liverpool, OH 43920
330-385-5394
www.eastliverpool.com
Email: 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

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: ________________________ Occupant’s Phone Number: ________________________

Building Type (check One): Single Family Dwelling _____ Apartment Building _____ Duplex_____

Tri-Plex _____ Four-Plex _____ Bed & Breakfast _____ Other (Explain: ________________________)

****As stated in City of East Liverpool Codified Ordinance 1337A.01: “All residential property within the City
occupied by a party other than the owner as listed in the deed records of Columbiana County, Ohio,
including boarding or rooming houses, (long term) rentals in motels, hotels, and bed and breakfast
establishments shall require the issuance of a rental housing permit from the Housing
Inspector. Traditional motels, hotels and bed and breakfast establishments in compliance with the City Zoning
Code are excluded from the necessity of obtaining a rental housing permit. (Ord. 58, 2006. Passed 11-6-06)"

(CONTINUED ON OTHER SIDE)
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 ____________

Attachments:
1337A.04 Inspection Criteria