



EAST LIVERPOOL CITY HEALTH DISTRICT

— HOUSING DIVISION —

“PROMOTING HEALTH FOR A GREAT FUTURE”

MAIN: 330-385-5394—Option 2
FAX: 330-386-7406

126 West Sixth Street, East Liverpool, Ohio 43920
www.eastliverpool.com

Rental Housing License Application

Email: b.turner@eastliverpool.com

(Rental License expiration dates are determined by your last name or business name and are to be renewed each year. Failure to renew by the expiration date will result in a late penalty of \$5 per day.)

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: _____ **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

OFFICE USE

Receipt Number: _____

License Number: _____

First Time License _____ Renewal _____

Proof of Fire Insurance _____

Date License Issued _____