



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

Application for Certificate of Property Code Compliance (CPCC)

Email: b.turner@eastliverpool.com

(Please submit \$20.00 per unit with application. Make checks payable to **City of East Liverpool**)

Land Contract Property Address

Unit/Apt#

Number of Units in Building _____ Number of Bedrooms: _____

Number of Other Rooms (not counting bathroom): _____ Sq. Footage of Dwelling: _____

Construction Material: _____ How Many Stories: _____

Building Type (check One): Single Family Dwelling _____ Apartment Building _____ Duplex _____
Tri-Plex _____ Four-Plex _____ Bed & Breakfast _____ Other (Explain: _____)

Vendor: _____

Vendor's Address: _____

Phone Number: _____ - _____ - _____ Cell: _____ - _____ - _____ Fax: _____ - _____ - _____

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

(CONTINUED ON OTHER SIDE)

Vendee Name: _____

Vendee Phone Number: _____ - _____ - _____ Cell: _____ - _____ - _____ Fax: _____ - _____ - _____

Vendee Address: _____

****After receiving an application for a CPCC, the Housing Inspector needs to set up an inspection of the property. (Inspection is to be within 5 working days of this application.) Once property passes an inspection, the balance of \$80 is due for the Certificate of Property Code Compliance.****

Date to be Inspected: _____ Time: _____ Inspector: _____

Pass: _____ Fail: _____ 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

By signing this application, I certify that I am the Vendor 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 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, contact information, Vendee information, etc. that I ***must*** notify the East Liverpool Health District – Housing Division within ***10 days*** of the change.

Signature of Vendor: _____ Date: _____

Printed Name: _____

OFFICE USE

Receipt Number: _____

CPCC Number: _____

Proof of Fire Insurance: _____

Date License Issued: _____