



INSPECTORS  
Steve Rodriquez  
Joe Verbiar

BUILDING COMMISSIONER  
John Maichle  
5301 Mayfield Road  
Lyndhurst, Ohio 44124  
440-473-5108/Fax: 440-442-7189

SECRETARIES  
Sheila Manfredi  
Kari Link

## RE: 2023 Application for Rental Certificate of Occupancy

To Whom It May Concern,

Your rental certification will expire on June 1, 2023, applications, and payment for 2023 are due either received or postmarked by **June 1, 2023, if postmarked after this date, your application is considered late, and late fees apply.**

*(See chapter 757 of the Business Regulations Code for additional information)*

**Enclosed, you will find the registration forms that are required to be filled out completely and returned with fee(s). Before completing your application, please use this checklist to ensure compliance and avoid penalties.**

- P.O. Box addresses are not acceptable.
- Forms **must** be authenticated (signed) by an authorized representative or agent. This means a name must accompany an LLC, Ltd, Incorporated, Company, and Principle/President.
- If the property is no longer a rental, an Affidavit of Removal of Occupancy form must be signed and notarized to be removed as a registered rental. *A notary is available at the Building Department during business hours.*
- Tenant information must be included even if the tenant is the same from previous registrations.

Fees are as follows:

- Single Family: \$100.00
- Multi-Family: \$100.00 **per unit**
- Condo/Town Home: \$50.00 **per unit**
- Units currently unoccupied, with the intention to rent, **must** still be registered.
- Fees received after the due date will be doubled.
- Incomplete forms will be returned and shall be subject to the late fee if after the due date.

Certificate of Occupancy is given to registered rentals providing you are current with inspections and registrations. Make checks payable to "City of Lyndhurst." Cash is also accepted. We are always here to assist you with this process. Please contact the Building Department at 440-473-5108 if you require assistance, have questions or concerns.

Thank you,

City of Lyndhurst Building Department

**City of Lyndhurst**  
**5301 Mayfield Road**  
**Lyndhurst, Ohio 44124**  
**440-473-5108/Fax: 440-442-7189**

**RENTAL PROPERTY ADDRESS:** \_\_\_\_\_

***Rental Application*** (see chapter 757 of the Business Regulations Code for additional information)

**Owner(s) Name:** \_\_\_\_\_

Owner(s) Address: \_\_\_\_\_

(No PO Box)

City

State

Zip

Home Phone # \_\_\_\_\_ Work or Cell # \_\_\_\_\_ Drivers Lic # \_\_\_\_\_ State \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Partner(s) Name:** \_\_\_\_\_

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

(No PO Box)

City

State

Zip

Home Phone # \_\_\_\_\_ Work or Cell # \_\_\_\_\_ Drivers Lic # \_\_\_\_\_ State \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Agent/Manager Name:** \_\_\_\_\_

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

(No PO Box)

City

State

Zip

Home Phone # \_\_\_\_\_ Work or Cell # \_\_\_\_\_ Drivers Lic # \_\_\_\_\_ State \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Please be advised that no sleeping quarters can be in the basement unless code conforming provisions are in place.**

***FEES: Single Family \$100.00/Multi-family \$100.00 per unit/Condo-Town House \$50.00 per unit. Units currently unoccupied, with the intention to rent, MUST be registered. ALL REGISTRATIONS EXPIRE ON JUNE 1 OF EACH YEAR. Fees received after the due date will be doubled. Incomplete forms will be returned and shall be subject to a late fee if after the due date.***

**MAKE CHECKS PAYABLE TO: City of Lyndhurst (check or cash only!)**

The City of Lyndhurst will return receipt of approved registration within 30 days after receipt of application. The registration will be valid for one year upon approval, pursuant to subsection 757.03. Registration is mandatory annually; failure to do so will constitute a separate offense for each day past registration anniversary.

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agent/Manager Signature

\_\_\_\_\_  
Date

City of Lyndhurst  
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RENTAL PROPERTY ADDRESS: \_\_\_\_\_

*Rental Application* (see chapter 757 of the Business Regulations Code for additional information)

LLC/Corporation Name: \_\_\_\_\_

Corporate Partner(s) Name: \_\_\_\_\_

(MUST provide at least 1 name of LLC / Corporate Partner)

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

(No PO Box)

City

State

Zip

Home Phone # \_\_\_\_\_ Work or Cell # \_\_\_\_\_ Drivers Lic # \_\_\_\_\_ State \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Agent/Manager Name: \_\_\_\_\_

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

(No PO Box)

City

State

Zip

Home Phone # \_\_\_\_\_ Work or Cell # \_\_\_\_\_ Drivers Lic # \_\_\_\_\_ State \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Is this corporation organized under laws of the State of Ohio \_\_\_\_\_ Yes/No \_\_\_\_\_

Is this a foreign corporation \_\_\_\_\_ Yes/No \_\_\_\_\_. If yes, name place of incorporation \_\_\_\_\_

**MUST PROVIDE ARTICLES OF ORGANIZATION FOR LLC AND STATE OF OHIO CERTIFICATE OR APPLICATION WILL BE RETURNED**

Please be advised that no sleeping quarters can be in the basement unless code conforming provisions are in place.

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\_\_\_\_\_  
LLC/ Corporate Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agent/Manager Signature

\_\_\_\_\_  
Date

**City of Lyndhurst  
5301 Mayfield Road  
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**Tenant Information** (*see chapter 757 of the Business Regulations Code for additional information*)

**Rental Property Address:** \_\_\_\_\_



**Tenant Information: Name of each primary adult or principal tenant (use additional paper if necessary)**

**Tenant Name #1** \_\_\_\_\_ **Phone #** \_\_\_\_\_ **Tenant Name #3** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Tenant Name #2** \_\_\_\_\_ **Phone #** \_\_\_\_\_ **Tenant Name #4** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Email Address** \_\_\_\_\_ **E-mail Address** \_\_\_\_\_



Number of Adults over 17 years of age occupying unit: \_\_\_\_\_ Number of children under 18 years of age occupying unit: \_\_\_\_\_



**Children Information:**

**Name of Child #1** \_\_\_\_\_ **Age** \_\_\_\_\_ **School Attending** \_\_\_\_\_

**Name of Child #2** \_\_\_\_\_ **Age** \_\_\_\_\_ **School Attending** \_\_\_\_\_

**Name of Child #3** \_\_\_\_\_ **Age** \_\_\_\_\_ **School Attending** \_\_\_\_\_

**Name of Child #4** \_\_\_\_\_ **Age** \_\_\_\_\_ **School Attending** \_\_\_\_\_

**Name of Child #5** \_\_\_\_\_ **Age** \_\_\_\_\_ **School Attending** \_\_\_\_\_

**It shall be unlawful for any person to file a false registration application with the designated City Official. This information may be forwarded to and requested by the above listed school system(s) to verify residency.**