

Bradley D. Sellers, Mayor



Melvin Lester, Building Commissioner

Ted Sims, Chief of Housing

**Application For Residential
Occupancy Permit Application**

FEE: \$ 100.00 Single Family Home/ \$ 30.00 Condo/Town Home

Address to be inspected: _____ Date: _____

Type of Dwelling Single Two Family Apartment Condominium

Property Owner: _____

Mailing Address: _____

City/ State/ Zip: _____

Phone: _____ Alt.No: _____ Fax: _____

SSN/ Tax Id: _____

Property Manager: _____

Property Address: _____

City/ State/ Zip: _____

Phone: _____ Alt. No: _____ Fax: _____

Lease Agreement Term: _____

Head of Household: _____

Previous Address: _____

City/State/Zip: _____

Phone: _____ Alt.No: _____ Fax: _____

DOB/ SSN: _____

How many occupants will be living in the home? _____

Please list additional occupant's name, social security number, and date of birth below:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please send application & payment to:

City of Warrensville Heights

Building Department

19700 Miles Road, Warrensville Heights, Ohio 44128

P (216) 587-1230/ F (216) 587-1257

Please send Money Order, Company Check, or Certified Checks