



City of Solon

Residential Rental Permit Application 2018

Attn: Rental Permits
34200 Bainbridge Road
Solon, Ohio 44139
Ph. (440) 349-6327

Ord. Chapter 1489:

BUILDING TYPE: MULTI-FAMILY

RETURN TO CITY OF SOLON BY: 03/31/18

OCCUPANCY PERMIT EXPIRES: 12/31/20

PLEASE COMPLETE THE FOLLOWING INFORMATION

ADDRESS OF RENTAL PROPERTY: _____

NAME OF APARTMENT BUILDING: _____

Number of Dwelling Units	1 Bedroom	3 Bedroom	Total No. of units:
	2 Bedroom	4 Bedroom	
			Fee:\$ _____

Application Fee: \$160.00 for the first three units, plus \$30.00 for every additional dwelling unit.

Return completed application, tenant information, and payment to the City of Solon, Attn: Rental Permits, 34200 Bainbridge Road, Solon, Ohio 44139 *(If applicable, return "Designation of Agent" form)*

BUILDING OWNER

Name: _____
(Sole Proprietorship/Corporation/Partnership, Association or other entity)

Address: _____
(A Post Office Box may not be used for a mailing address)

(City, State, Zip)

E-mail: _____

Telephone Number: _____

If ownership is in a business name, please provide name of principal contact person:

AGENT

Name: _____

Address: _____
(A Post Office Box may not be used for a mailing address)

(City, State, Zip)

E-mail: _____

Telephone Number: _____

Caretaker, Janitor or Custodian

Name: _____

Telephone Number: _____

I hereby affirm that the information provided in this application is true, correct and complete to the best of my knowledge, and I understand that any false information shall be considered sufficient cause to void this application and could result in criminal prosecution. I further acknowledge and agree that an interior/exterior inspection of the premises by the City of Solon will occur BEFORE the December 31, 2020 deadline.

Signature: _____
Owner/Agent

Date: _____

