

APPLICATION
NEW RENTAL PROPERTY REGISTRATION
TRANSFERRED RENTAL UNIT REGISTRATION
BIENNIAL RENTAL UNIT INSPECTION

OWNER NAME _____ # UNITS _____
OWNER ADDRESS _____
STREET CITY STATE ZIP
OWNER PHONE _____ OWNER CELL PHONE _____
OWNER EMAIL ADDRESS _____

TENANT _____ ADDRESS _____ PHONE _____ UNIT # _____

OCCUPANTS _____ # BEDROOMS _____ REMARKS _____

TENANT _____ ADDRESS _____ PHONE _____ UNIT # _____

OCCUPANTS _____ # BEDROOMS _____ REMARKS _____

TENANT _____ ADDRESS _____ PHONE _____ UNIT # _____

OCCUPANTS _____ # BEDROOMS _____ REMARKS _____

TENANT _____ ADDRESS _____ PHONE _____ UNIT # _____

OCCUPANTS _____ # BEDROOMS _____ REMARKS _____

I CERTIFY THIS INFORMATION IS ACCURATE _____

Applicant Signature

Date

REMIT TO: VILLAGE OF FAIRPORT HARBOR ZONING DEPARTMENT
220 THIRD STREET FAIRPORT HARBOR, OHIO 44077

_____ \$50.00 REGISTRATION FEE PER LANDLORD FOR TRANSFERRED RENTAL UNITS

(one time fee per landlord new to being a landlord in Fairport Harbor)

_____ \$200.00 REGISTRATION FEE FOR EACH 'NEW RENTAL UNIT'

(new construction, new to rental market, any property operating without an occupancy permit)

_____ \$100.00 BIENNIAL INSPECTION FEE PER UNIT

OFFICE USE ONLY

CHECK # _____ AMOUNT RECEIVED _____ DATE RECEIVED _____ RECEIVED BY _____

NOTE: RENTAL REVENUE EARNED IN FAIRPORT HARBOR IS SUBJECT TO RITA [REGIONAL INCOME TAX AGENCY] MUNICIPAL TAX; A VILLAGE INCOME TAX FORM MUST BE FILED.

DATE INSPECTION SCHEDULED _____

It is necessary for the owner or his designated agent to be present for all inspections

VILLAGE OF FAIRPORT HARBOR * zoning@fairportharbor.org * 440-352-3620 ext. 6