



**Village of Newburgh Heights**  
**Building Department**  
**4000 Washington Park Blvd.**  
**Newburgh Heights, Ohio 44105**  
**Phone 216-641-4654 Fax 216-641-2712**

[www.newburghhtsoh.gov](http://www.newburghhtsoh.gov)

*Rental License Application*

<b>Property Information:</b>		
Rental Address:		
Number Of Units:	Type Of Dwelling:    Single Family    Two Family    Multi Family	
<b>Property Owner Information:</b>		
Name:		
Home Address:		Apt #
City:	State:	Zip Code:
Phone #:	Alternate Phone #:	
Email:	<b>Dr. License # ( Required )</b>	
<b>Person Responsible For Maintenance &amp; Management Of Rental Property:</b>		
Name of Manager:		
Home Address:		Apt #
City:	State:	Zip Code:
Phone #:	Alternate Phone #:	
Email:		
<b>Tenant Information: ( Required )</b>		
Name:	Unit #	Phone:
<p>I certify that the above information is true and I understand all mailings from this inspection division including the annual rental license billing statement will be mailed to the appointed agent/contact person unless otherwise directed.</p> <p>I understand that neither the Village of Newburgh Heights nor its representatives assume any liability or responsibility for failure to report and/or Discover any violation(s). Inspection by the Village does not guarantee that all property defects and/or violations have been discovered. Furthermore, violations may develop after inspection. The purpose of this inspection is for the Village at large and is not intended to protect the interests of any individual, owner or occupant of rental property. I further understand that all violations identified in this inspection shall be corrected within the time specified by the Building Department.</p>		
Property Owner:		Date:
Signature of Property Owner:		Date:
<b>For Office Use Only</b>		
Amount Of Registration Fee:	Date Paid:	
Inspection Fee:	Date Of Inspection:	
Cash / Check:	Inspector:	
Application Received By:		Date:

**\*\*Please provide a copy of your Insurance policy for the registered property (Ord.2012-82)**