MULTI-FAMILY INSPECTION APPLICATION
CITY OF EASTLAKE, OHIO
35150 LAKESHORE BLVD.
EASTLAKE, OHIO 44095
440-951-1416 EXT. 117 FAX: 440-975-4280

FEE: $65.00 (Per Residential Unit)

MULTI-TENANT DWELLING:

Name of Housing
Complex_____
ADDRESS_____
NO. OF UNITS_____

PROPERTY
OWNER_____
ADDRESS_____
CITY, STATE, ZIP CODE_____
(AREA CODE) PHONE NUMBER_____ FAX NO._____

LEGAL AGENT, REAL ESTATE OR MANAGING CO., IF ANY:

NAME_____
ADDRESS_____
CITY, STATE, ZIP CODE_____
(AREA CODE) PHONE NUMBER_____FAX NO._____
CITY, STATE,ZIP CODE_____

_____ _____
SIGNATURE OF CURRENT OWNER DATE

_____ _____
SIGNATURE OF LEGAL AGENT DATE

PERSON(S) RESPONSIBLE FOR PROPERTY MAINTENANCE

NAME_____
ADDRESS_____
CITY, STATE, ZIP CODE_____

(AREA CODE) PHONE NUMBER_____ FAX NO:_____

RELATIONSHIP TO OWNER_____

MULTIPLE DWELLING: NAME, ADDRESS, TELEPHONE NUMBER OF CUSTODIAN OR OPERATOR ON PROPERTY

NAME_____
ADDRESS_____
CITY, STATE, ZIP CODE_____

(AREA CODE) PHONE NUMBER_____ FAX NO._____

RELATION TO OWNER_____

NAME, ADDRESS, TELEPHONE NUMBER OF PERSON TO WHOM THE INSPECTION REPORT SHOULD BE MAILED TO:

NAME_____
ADDRESS_____
CITY, STATE, ZIP CODE_____

(AREA CODE) PHONE NUMBER_____ FAX NO._____

RELATION TO OWNER_____

_____ _____
SIGNATURE OF CURRENT OWNER DATE

_____ _____
SIGNATURE OF LEGAL AGENT DATE

PLEASE RETURN APPLICATION WITH A CHECK PAYABLE TO THE CITY OF EASTLAKE

RECEIPT#_____