

# City of Bedford, OHIO

165 Center Rd. – Bedford, Ohio 44146  
Tele 440.735.6530 - Fax 440.232.1558 - www.bedfordoh.gov  
City of Bedford Building Department



## **NOTIFICATION - CERTIFICATE OF RENTAL INSPECTION** (BEDFORD CODIFIED ORDINANCE CHAPTER 1311)

OWNER OF PROPERTY \_\_\_\_\_ DATE \_\_\_\_\_

OWNER ADDRESS \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_ EMAIL: \_\_\_\_\_

### **COMPLETE THE SECTION APPLICABLE TO YOUR PROPOSED USE:**

#### **(A) FOR STORE FRONTS AND COMMERCIAL USES:**

Name of store or business \_\_\_\_\_

Property address \_\_\_\_\_ telephone no. \_\_\_\_\_

Principal Officer \_\_\_\_\_

Federal Tax ID: \_\_\_\_\_

Type of business requested \_\_\_\_\_ fax no. \_\_\_\_\_

**PREVIOUS USE/NAME OF BUSINESS** \_\_\_\_\_

#### **(B) FOR DWELLING UNIT RENTALS: (Please Print)**

Tenant name(s) \_\_\_\_\_

Property address \_\_\_\_\_ Apt. no. \_\_\_\_\_

Number of occupants: \_\_\_\_\_

**DATE LEASE WILL BEGIN/END:** \_\_\_\_\_

**DOES OWNER CONSENT TO A FULL INSPECTION OF PROPERTY/UNIT?** YES \_\_\_\_\_ NO \_\_\_\_\_

\_\_\_\_\_  
Signature of owner or agent

\_\_\_\_\_  
Title

\*\*\*\*\*  
**INSPECTOR'S REPORT:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FEE: \$50.00** \_\_\_\_\_  
Date of Inspection

\_\_\_\_\_  
Building Inspector

#### **NOTICE:**

This is a visual inspection. The city assumes no liability or responsibilities for failure to report violations that may exist and makes no guarantee whatsoever that future violations cannot, or will not, occur.