

Signature _

Owner/Agent

CITY OF BEDFORD 165 CENTER ROAD BEDFORD, OHIO 44146

Effective January 1st, 2024

HOUSING CODE APPLICATION FOR CERTIFICATE OF RENTAL LICENSE YEAR

FOR THE RENTAL PREMISES LOCATED AT ADDRESS: Number of Dwelling Units: ___ Fee: \$150.00 for Single-Family; \$150.00 for Two-Family; \$150.00 for Three-Family Dwelling Unit \$50.00 for each Dwelling Unit (Projects or Structures with Four or More Units) times _____ (Units) = \$ ______ Owner: Name: ____ Telephone (_____)___ Email: Resident Agent: Name: Address: ____ Telephone (_____)____ Email: Non-Resident Agent: (other than owner) - IF APPLICABLE Name: Address: Telephone (_____)____ OCCUPANT/TENANT INFORMATION Occupant/Tenant Suite No./Telephone I declare under the penalties for perjury that this application has been examined by me and is true, correct and complete.

Date

^{**}Annual fees not collected by the Building Department by **APRIL 1**st shall be **DOUBLED**.