RENTAL HOUSING INSPECTION APPLICATION

Type of Unit(s)

- ☐ **Single Family Residential Unit**
- ☐ **Small Multi-Family Units (50 or less)**
- ☐ **Large Multi-Family Units (Greater than 50)**

Address of Unit(s) _____

_____

_____

_____

Owner: _____ **Phone:**_____
PLEASE PRINT

Address: _____

_____

Person to contact for scheduling of Inspections: _____

Daytime Phone:_____ **Evening Phone:**_____

Fax Number: _____

FEE: $30 per unit X _____ **= $**_____
(Number of Units) TOTAL

(Payable to: City of Mentor-on-the-Lake)

_____ _____
Date **Owner's Signature**

Return Application & Fee to: **City of Mentor-on-the-Lake**
Housing Inspector
5860 Andrews Road
MENTOR-ON-THE-LAKE OH 44060

FOR CITY USE

_____ _____
Date Received Fee Receipt Number