

Minimum fee of \$20.00 for single family  
\$15.00 per unit for multiple family  
Total: \_\_\_\_\_

Date: \_\_\_\_\_

After mailing this form with fees, the owner/agent is responsible to contact the Building Department to arrange an inspection. The best time to reach the inspector is between 8:00 and 9:00 a.m.

**RENTAL HOUSING APPLICATION**

LOCATION OF PROPERTY \_\_\_\_\_

NUMBER OF UNITS AT THIS ADDRESS \_\_\_\_\_ PROPERTY ZONING \_\_\_\_\_

NUMBER OF UNITS IN ORIGINAL STRUCTURE \_\_\_\_\_

HAVE UNITS BEEN ADDED SINCE CONSTRUCTION? \_\_\_\_\_ NO \_\_\_\_\_

IF YES, WHEN WERE UNITS ADDED? \_\_\_\_\_

HOW MANY UNITS WERE ADDED? \_\_\_\_\_

WAS CITY APPROVAL GRANTED? \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_ DATE \_\_\_\_\_

ARE ANY OF THESE UNITS SUBSIDIZED BY ANY PUBLIC AGENCY? \_\_\_\_\_

IF YES, WHAT AGENCY? \_\_\_\_\_

IS THIS UNIT(S) SUBJECT TO ANY OTHER AGENCY INSPECTION? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, WHAT AGENCY? \_\_\_\_\_

DATE OF LAST AGENCY INSPECTION \_\_\_\_\_

**Name of person responsible on a 24 hour basis:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

- A. It is the responsibility of the owner to insure that all properties conform to the Property Maintenance and Housing code of the City of Ravenna.
- B. All violations found during inspection must be corrected within thirty (30) days of inspection, unless otherwise noted.
- C. A \$50.00 re-inspection fee will be charged after the first re-inspection.

DATE: \_\_\_\_\_

\_\_\_\_\_  
OWNER/AGENT SIGNATURE