



The City of Bedford Heights
5661 PERKINS ROAD
BEDFORD HEIGHTS, OHIO 44146
PHONE: 440-786-3237 FAX: 440-786-3277

RENTAL INSPECTIONS

• **OWNER OBLIGATION:**

No person shall move into or commence occupation of any of the following: (a) Single-family dwelling; (b) Two-family dwelling; (c) Duplex; (d) Suite within a duplex; until an occupancy permit has been obtained from the Building Commissioner. An additional certificate of occupancy shall not be required if a certificate has been issued within six months prior to such occupancy. (Ord. 2006-071. Passed 4-4-06.)

• **FEES:**

(a) An inspection application for occupancy permit shall be accompanied by a non-refundable fee of one hundred dollars (\$100.00) for exterior and interior (If requested) inspections to defray the costs of said inspections. If more than two (2) inspections are required to insure that necessary repairs are made as required by the Building Official, an additional fee of fifty dollars (\$50.00) will be due to complete the inspection. (Ord. 2019-046. Passed 5-21-19.)

(b) An additional fee of twenty-five dollars (\$25.00) shall be paid for inspection of the premises upon the third inspection by the Building Commissioner or his assistant and for each inspection required thereafter to verify that violations of the Housing Code have been properly corrected.

(c) Certificate of Residency – there is a fee of \$50.00 to obtain a copy of the Certificate of Residency

• **ESCROW REQUIREMENTS:**

If all violations listed on a Certificate of Inspection are not corrected prior to renting the property, an escrow account must be established through a financial institution (bank/title company) and funds in an amount not less than \$100 and equal to 100% of the estimated cost of repairs, must be deposited.

• **ESCROW DETERMINATION:**

The amount to be held in escrow shall be determined by submitting to the Building Department a written estimate for repair of each violation. The amount deposited into escrow shall be 100% of the approved estimate.

• **CERTIFICATE OF RESIDENCY:**

If the City accepts the escrow amount, or if all violations have been corrected, a Certificate to Residency will be issued to the Tenant. The cost of the Certificate of Residency is \$50.00

• **ESCROW DISBURSEMENT:**

Funds held in escrow shall be disbursed only upon written authorization of the City. The City may authorize one or more partial releases if it is determined that substantial progress has been made in correcting the violations and that sufficient funds remain in escrow to correct the remaining violations.

• **FAILURE TO COMPLY:**

Penalty 1375.99 Any person violating any provision of this chapter or any rule or regulation promulgated thereunder or failing to comply therewith or with any written notice or written order issued thereunder shall be guilty of a first degree misdemeanor and subject to a maximum fine of one thousand dollars (\$1,000), a maximum imprisonment term of six (6) months, or both, with the special restriction that each violation shall result in a minimum fine of two hundred fifty dollars (\$250.00).



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APPLICATION FOR RENTAL INSPECTION

DWELLING ADDRESS: _____

PLEASE INDICATE YOUR CHOICE OF INSPECTION TYPE:

I GIVE CONSENT FOR INTERIOR AND EXTERIOR INSPECTION I GIVE CONSENT FOR EXTERIOR ONLY

PROPERTY TYPE: (CHECK ONE) CONDOMINIUM SINGLE FAMILY TOWNHOUSE
OCCUPANCY STATUS: (CHECK ONE) OWNER OCCUPIED VACANT TENANT OCCUPIED

FEE: \$100.00

APPLICANT'S NAME: _____

APPLICANT'S ADDRESS: _____

APPLICANT'S PHONE #: _____

OWNER'S NAME: _____

OWNER'S ADDRESS: _____

OWNER'S PHONE #: _____

*****BUILDING OR STRUCTURE SHALL NOT BE OCCUPIED OR TITLE TRANSFERED UNTIL A
"TIME-LIMIT OR PERMANENT" OCCUPANCY PERMIT IS ISSUED*****

THIS IS A VISUAL INTERIOR / EXTERIOR INSPECTION. THE CITY ASSUMES NO LIABILITY OR RESPONSIBILITY FOR FAILURE TO REPORT VIOLATIONS THAT MAY EXIST AND MAKES NO GUARANTEE WHATSOEVER THAT FUTURE VIOLATIONS CANNOT, OR WILL NOT OCCUR.

INSPECTIONS ARE VALID FOR 1 YEAR OF (COMPLIANCE DATE) OR UNTIL PROPERTY IS RENTED.

SELLER / AGENT SIGNATURE: _____

EMAIL: _____

Internal Use below:

FEE: _____

APPLICATION DATE: _____

DATE PAID: _____

INSPECTION DATE: _____

RECD BY: _____

INSPECTION TIME: _____