

City of Loveland  
Building & Zoning Department  
120 W. Loveland Ave.  
Loveland, Ohio 45140  
[www.lovelandoh.gov](http://www.lovelandoh.gov)  
O-513-707-1450  
F-513-583-3032



## RENTAL REGISTRATION APPLICATION

FOR CITY OF LOVELAND BUILDING AND ZONING DEPARTMENT USE ONLY:

COUNTY REGISTRATION # \_\_\_\_\_ DATE RECEIVED: \_\_\_\_\_ RECEIVED BY: \_\_\_\_\_

**NOTE: THIS APPLICATION MUST BE TYPEWRITTEN OR PRINTED CLEARLY**

Owner Name: \_\_\_\_\_ Owner Company: \_\_\_\_\_

Owner Mailing Address: \_\_\_\_\_

Owner City: \_\_\_\_\_ Owner State: \_\_\_\_\_ Owner Zip Code: \_\_\_\_\_

Owner Phone Number<sup>1</sup>: Home (\_\_\_\_) \_\_\_\_\_ Mobile (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

Owner E-Mail Address: \_\_\_\_\_

*As the owner of the property or properties listed on this application, I hereby authorize the person/entity listed below to serve as my agent in all matters regarding this property with the City of Loveland. I understand that my agent's decisions can result in legal action against me as owner. I certify that the property or properties listed on this application are in compliance with the International Property Maintenance Code<sup>2</sup> and the Fire Prevention Code<sup>3</sup>. Furthermore, I also certify that I have filed with the City's Tax Administrator a written report pursuant to Section 184.23 of the City of Loveland Code of Ordinances<sup>4</sup>. I declare that all information contained in this application (and supporting documentation) is true to the best of my information, knowledge, and belief and that I will surrender my Rental Registration if the property changes ownership before the expiration date of the registration application.*

Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_

**If the owner is a partnership, corporation, firm, trust, association, organization, or other group acting as a unit, complete the following:**

<sup>1</sup> Applicant must provide at least one owner phone number.

<sup>2</sup> Access the International Property Maintenance Code online at:

<http://whdrane.conwaygreen.com/NXT/gateway.dll?f=templates&fn=default.htm&vid=whdrane:OHLoveland>

<sup>3</sup> Access the Fire Prevention Code at:

<http://whdrane.conwaygreen.com/NXT/gateway.dll?f=templates&fn=default.htm&vid=whdrane:OHLoveland>

<sup>4</sup> Access to Section 184.23 online at:

<http://whdrane.conwaygreen.com/NXT/gateway.dll?f=templates&fn=default.htm&vid=whdrane:OHLoveland>

Agent Name: \_\_\_\_\_ Agent Company: \_\_\_\_\_

Agent Mailing Address: \_\_\_\_\_

Agent City: \_\_\_\_\_ Agent State: \_\_\_\_\_ Agent Zip Code: \_\_\_\_\_

Agent Phone Number<sup>5</sup>: Home (\_\_\_\_) \_\_\_\_\_ Mobile (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

Agent E-Mail Address: \_\_\_\_\_

Tax ID# of corporation or partnership: \_\_\_\_\_

*I hereby agree to serve as agent for the owner regarding the property or properties listed on this application, and I accept the duties and responsibilities thereby created. I certify that the property or properties listed on this application are in compliance with the City of Loveland Property Maintenance Code.*

Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_

*As the owner and/or agent of the property or properties described herein, I **do**  **do not**  consent to a full inspection of the property or properties set forth in this application. I understand that if I have consented to a full inspection of the property, the City of Loveland and/or its code officials/agents will contact me directly at the phone number and/or email address listed in this registration application to schedule a time for an inspection to be completed. I understand that I have no legal obligation to consent to a full inspection of the property or properties, but if I do not consent to a full inspection, I understand that the City of Loveland's code officials/agents may appear before a judge of a court of competent jurisdiction to request an administrative search warrant to allow a full inspection of the property or properties.*

Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_

#### 24-HOUR POINT OF CONTACT INFORMATION

Name: \_\_\_\_\_ Company: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number<sup>6</sup>: Home (\_\_\_\_) \_\_\_\_\_ Mobile (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Relationship/Business Title: \_\_\_\_\_

<sup>5</sup> Applicant must provide at least one phone number

<sup>6</sup> Applicant must provide at least one phone number

**RENTAL UNIT(S)**

Enter the information for each rental unit, including unit number, if applicable. Refer to the footnotes for helpful information. Use the Additional Rental Units sheet if you own more than 20 rental units.

Number	Rental Property Address	Parcel I.D.	Number of Bedrooms	Dwelling Type <sup>7</sup>	Status <sup>8</sup>
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

<sup>7</sup> Dwelling Type: Single Family, Multi-Family (4 or more units)

<sup>8</sup> Status: N (New), R (Renewal), CO (Change in Ownership)