



SHAKER HEIGHTS

**YEAR: 2009**

**CERTIFICATE OF OCCUPANCY EXEMPTION FORM**

**OCCUPANCY STATUS**

First Floor Address OR Side One Address: \_\_\_\_\_

Name of Head of Household: \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship of Head of Household to Property Owner: \_\_\_\_\_

Full Names of <u>ALL</u> Occupants	Age	Social Security # (Optional)	Relationship to Head of Household

Second Floor Address OR Side Two Address: \_\_\_\_\_

Name of Head of Household: \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship of Head of Household to Property Owner: \_\_\_\_\_

Full Names of <u>ALL</u> Occupants	Age	Social Security # (Optional)	Relationship to Head of Household

Name (owner/agent) \_\_\_\_\_

(Please Print)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-Mail Address (Optional) \_\_\_\_\_

Telephone Number (\_\_\_\_\_) \_\_\_\_\_ Social Security # (optional) \_\_\_\_\_

I affirm that the above dwelling units are not being used for rental purposes and there are no tenants residing therein. I further understand and agree that if I determine to change the occupancy status and to rent such dwelling, either in whole or in part, I am required to immediately notify the City and obtain a Certificate of Occupancy. The information provided herein is true, correct, and complete to the best of my knowledge, and I understand that any false statement, or use of this property as a rental without a Certificate of Occupancy could result in criminal prosecution.

Date \_\_\_\_\_

Signature \_\_\_\_\_

Rev. 11/07