The City of Westlake Ohio
DENNIS M. CLOUGH, MAYOR

www.cityofwestlake.org

BUILDING DEPARTMENT
27700 Hilliard Blvd. Phone 440.871.3300
Westlake, OH 44145 Fax 440.617.4144

APPLICATION FOR 2025-2026 RENTAL LICENSE

PLEASE PRINT AND UPDATE INFORMATION

INCOMPLETE APPLICATIONS WILL BE RETURNED

NAME: _____

APPLICATION DATE:_____

FOR THE PREMISES LOCATED AT: _____

Total Number of Units: _____ Number for Rent/Lease: _____ Number Not for Rent: _____

OWNER/AGENT ADDRESS: _____

CITY/STATE/ZIP: _____

OWNER/AGENT PHONE H: _____ W: _____ C:_____

I _____, * (the owner/agent) have read and agree to comply with the attached Code requirements for a Rental Application for property within the City of Westlake, including the installation of carbon monoxide and smoke detectors, and the yearly inspection and/or servicing of gas operated furnaces, boilers, hot water heaters and appliances by a qualified, licensed HVAC contractor.

CONTACT E-MAIL
PLEASE PRINT-_____ **@** _____ **.** _____

FEES NOTE: **Fee information is applicable for this application only. Separate applications may not be combined.**
In accordance with Chapter 1356 of the Codified Ordinances of the City of Westlake, an application for a Rental License shall be accompanied by a ***fee of fifty (50) dollars for each single-family unit, eighty (80) dollars for duplex units, and one hundred (100) dollars for triplex units. Valid for this (2025-2026) term, change in occupancy, or change in building ownership.*** *Make check payable to The City of Westlake and return with this application to The City of Westlake Building Department at the above address.* A penalty charge may be assessed for applications not received.

I declare under the penalty of perjury that this application has been examined by me and is true, correct, and complete.

OWNER/AGENT SIGNATURE FOR PERMISSION TO INSPECT: _____

Print Name: _____ **Date:** _____

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(OFFICE USE ONLY)

Amount Due $ _____ **Date Paid** _____ **Amount Paid** _____ **Receipt No.** _____