



# City of Solon

## Residential Rental Occupancy Permit Application, 2024-2026

Attn: Rental Permits  
34200 Bainbridge Road  
Solon, Ohio 44139  
Ph. (440) 349-6327  
Fax (440) 349-6330

**BUILDING TYPE** SINGLE-FAMILY

**RETURN TO CITY OF SOLON BY:** March 31, 2024

**APPLICATION FEE:** \$100.00

**OCCUPANCY PERMIT EXPIRES:** December 31, 2026

*Please make Checks payable to the City of Solon*

**Ord. Chapter 1489:**

**PLEASE COMPLETE THE FOLLOWING APPLICATION**

**Incomplete Applications will not be accepted**

Address of Rental Property: \_\_\_\_\_

**Head of Household**

**Age**

**Telephone number**

(Print name)

**Name(s) of All Other Occupants**

**Age**

**Relationship to Head of Household**

Name of Property Owner: \_\_\_\_\_

*(Sole Proprietorship/Corporation/Partnership, Association or other entity)*

If ownership is in a business name, please  
provide name of principal contact person

Mailing address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

*(A Post Office Box may not be used for a mailing address)*

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

E-mail address: \_\_\_\_\_

If applicable, Name of Owner's Designated Agent: \_\_\_\_\_

*(Designation Agent Form-complete and return)*

(Print)

Agent's phone number: \_\_\_\_\_

I hereby affirm that the information provided in this application is true, correct and complete to the best of my knowledge, and I understand that any false information shall be considered sufficient cause to void this application and could result in criminal prosecution. I further acknowledge and agree that an interior/exterior inspection of the premises by the City of Solon will occur BEFORE the December 31, 2020 Deadline.

Signature: \_\_\_\_\_

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

Owner/Agent