These instructions are only for the owner of the property or the registered Agent-in-Charge of the property. Effective July 23, 2014, the owner or AIC of the property shall not be required to register their rental property annually if the owner and/or tenant remains the same.

If the owner of the property changes or the tenant renting or leasing the property changes, the owner or AIC must apply for a new “Rental Registration” within 30 days of the change. No tenant shall be allowed to move into the rental unit until the owner receives the “Tenant Rental License” as follows:

1. Acquire a “Rental Registration Packet” either on the City’s Web Site or in person at the Maple Hts. Building Department. A separate “Rental Registration Packet” is required for each rental unit.

2. Completely fill out the “Rental Registration Application” (Form A). All requested information must be provided or the application will not be accepted. Effective April, 2015, proof of full payment of property taxes for each residential and commercial rental property or documentation of being on a County payment plan in good standing is a part of each Rental Registration Packet.”

3. Return and pay the appropriate fees noted on the application and make the appointment for a rental inspection.

4. The owner or the AIC must be present at the rental inspection. All buildings on the property must be accessible to the inspector.

5. If violations are present in the rental unit, building, or property, the City shall, by regular mail, provide the owner and/or AIC a list of the violations that must be corrected. If contractors or building permits are required for compliance with any Codes, separate registration forms and fees shall be required and are obtainable at the Building Department.

6. The owner or AIC must schedule a re-inspection for the rental unit after the violations are corrected. There will be no additional fee for the 1st re-inspection; however, a fee shall be required for subsequent re-inspections or for a “no-show” of the owner or AIC on any inspection.

7. When the rental unit and property passes the inspection, the City shall mail to the owner or AIC a “Passed Inspection Report”.

8. Upon receipt of the “Passed Inspection Report”, the owner or AIC shall complete and mail to the Building Department, the “Tenant Rental License” application (FORM B) and the Regional Income Tax (RITA) forms completed by the tenant (Form 75) and the owner (Form 48).

9. If there are no Planning and Zoning requirements for the tenant, and the tenant and RITA forms are properly completed and returned, the City shall mail to the owner or AIC and the tenant, a Tenant Rental License” for the tenant’s occupation of the rental unit.

10. If there are Planning and Zoning Commission requirements, the tenant must apply to the Commission on separate forms supplied by the Building Department.
ADDITIONAL INFORMATION

AGENT IN CHARGE: Each owner of a rental unit within the City, who does not reside in Cuyahoga County, shall appoint an Agent in Charge (AIC), who is an actual person, who resides in Cuyahoga County, Ohio, to be the local agent-in-charge (AIC), appointed to receive notices of violations on the owner’s behalf, to correct any violations, and to oversee the maintenance and financial obligations of the property. The name, address, phone number of the owner or the AIC shall be required and shall be a person who may be reached or contacted at any time, day or night, in the event of an emergency affecting the premises of any unit or dwelling place in that structure, including such emergencies as the failure of a utility system or service, and who has the authority to make emergency decisions and expenditures concerning the building in case of such emergency. The property owner and/or the AIC shall receive violation notices and correspondence from the Building Department and be held responsible for all property maintenance, financial obligations, code compliances, court compliances and court appearances. An AIC designated under this section shall be of sound mind and at least eighteen (18) years of age. It is the owner’s obligation to appoint an AIC, have the AIC register with the City, and to notify the Chief Building Official of any change of the AIC or of the name, address, phone number, and date of birth of the designated AIC within seven (7) working days after the change occurs. If the owner fails to comply with any part of Section 1486, the CBO may revoke the certificate of rental registration until such time that the owner complies.

FEES: All fees shall be of U.S. dollars in the form of cash, a company check, bank check or money order, shall be made out to “The City of Maple Heights” shall be dated and signed by a person appropriate to disburse funds, and delivered by mail or in person to the Maple Heights Building Department. There shall be a $35.00 return check charge in addition to the halt of the application process.

VOIDING REGISTRATION: Any Rental Registration or Tenant Rental License shall become null and void and the owner or agent in charge of the rental unit shall be required to re-register for a new Rental Registration and Tenant Rental License per Section 1486.02 under the following conditions:
   (a) If there are any changes from the original application, including change of tenant, ownership, or use,
   (b) The rental unit for which the registration was granted and the use to which it was designated does not or no longer complies in all respects with this code and with all other applicable laws and ordinances;
   (c) Any false statement or representation has been made by the applicant, or owner, agent in charge or tenant in connection with the application or issuance of the rental registration or Tenant Rental License;
   (d) The owner, agent in charge or tenant does or causes anything to be done that is prohibited by law or omits or fails to do anything required by this code or by any other law or ordinance relating to such building or its use;
   (e) An owner, agent in charge or tenant fails to allow or cooperate with the designated City official conducting inspections as set forth in this chapter, or fails to cooperate with other Building Department personnel in the daily operations necessary for the registration process, or
   (f) The property is declared to be a nuisance for Criminal Activity according to Section 648.19 of the Codified Ordinances.

PENALTIES: In addition to the fees being tripled for each rental unit, an owner and/or AIC who violates any portion of Chapter 1486 of the Maple Hts. Code may be charged with a second, third or fourth degree misdemeanor according to Section 1486.06.
MAPLE HTS. RENTAL REGISTRATION APPLICATION
TO BE FILLED OUT COMPLETELY BY THE OWNER OR AGENT IN CHARGE (PLEASE PRINT)

PROPERTY ADDRESS

HOW MANY RENTAL UNITS ARE IN THE BUILDING ON THIS PROPERTY? [_____]

UNIT # [______]

The following prices include the Rental Registration fee, the Inspection fee and the Tenant Rental License fee and are due upon return of this registration application. A separate application is required for each unit. A new registration is required upon a change in owner or a change in tenant of each rental unit.

[ ] SINGLE HOME= $225.00 [ ] MULTI-FAMILY: 1ST UNIT= $225.00 [ ] APARTMENT: 1ST UNIT= $225.00

[ ] EACH ADDITIONAL UNIT IN MULTIFAMILY HOMES AND APARTMENTS = $175.00

[ ] COMMERCIAL BUILDING OR STRIP MALL FOR EACH LEASED UNIT=$325.00

[_____] NEW OWNER [_____] NEW TENANT [_____] NEW AGENT [_____]

OWNER(S) NAME: __________________________ ST-ID# DL#________

HOME ADDRESS (No P.O.Box): __________________________

CITY: __________________________ STATE: __________ ZIP: __________ COUNTY: ______

DAYTIME PHONE # (____) CELL: (____)

*AGENT-IN-CHARGE NAME: __________________________ ST-ID# DL#________

HOME ADDRESS: (No PO Box) __________________________

CITY: __________________________ STATE: OHIO ZIP: __________ COUNTY: CUYAHOGA

CELL# (____) DAY PHONE # (____)

*AIC MUST BE LISTED FOR EACH RENTAL UNIT AND MUST RESIDE IN CUYAHOGA COUNTY OHIO (SECTION 1486.02 M.H.CODE.)

WHEN DID YOU BECOME OWNER OF THIS PROPERTY? __________________________

Yes No [_____] [_____] WAS A TENANT OCCUPIING THE BUILDING WHEN YOU BECAME THE OWNER?

[_____] [_____] HAS THE TENANT CHANGED?

[_____] [_____] IS A TENANT PRESENTLY OCCUPYING THE BUILDING?

[_____] [_____] IS THE TENANT OPERATING A BUSINESS ON THE PROPERTY OR IN THE BUILDING?

I agree that permission is granted to The City of Maple Heights to conduct an interior and exterior property inspection, in which the inspector must have access to the entire yard and all buildings on the property, and the owner or AIC must be present. I agree that all buildings and entire property will comply with all City Ordinances and Property Maintenance Codes at all times. I agree that no person will be permitted to move into the rental unit on this property until all violations are corrected AND the "Tenant Rental License" is received by me. I understand that this Rental Registration will be valid until the property owner or the tenant changes and I understand that the City may void the registration anytime according to Section 1486.05 of the Code. In addition, any owner who fails to register the rental property or the tenants strictly according to Section 1486 of the Code shall be subjected to triple fees and/or the penalty provisions in Section 1486.08 of the M.H. Code.

OWNER'S SIGNATURE: __________________________ DATE: __________________________

(OFFICE USE ONLY)

RECEIVED BY: __________________________ DATE: __________________________ CHECK # ________ RECEIPT # __________
City of Maple Heights

“TENANT RENTAL LICENSE” APPLICATION
(TO BE FILLED OUT COMPLETELY BY THE OWNER OR AGENT IN CHARGE (PLEASE PRINT))

PROPERTY ADDRESS ___________________________ UNIT # ____________

[ ] SINGLE HOME [ ] MULTI-FAMILY UNIT [ ] APARTMENT UNIT [ ] CONDO

[ ] COMMERCIAL BUILDING OR STRIP MALL UNIT

OWNER(S) NAME: ___________________________ ST-ID# ____________

HOME ADDRESS ____________________________

CITY: ___________________________ STATE: ___________________________ ZIP: ____________

DAYTIME PHONE # ( ) ____________ CELL: ( ) ____________

OWNER SIGNATURE ___________________________ DATE: ____________________________

AGENT IN CHARGE OF THE PROPERTY

The name, address, phone number of an individual representative (AIC) who may be reached or contacted at any time, day or night, in the event of an emergency affecting the premises of any unit or dwelling place, or commercial units in that structure, including such emergencies as the failure of a utility system or service, and who has the authority to make emergency decisions and expenditures concerning the building in case of such emergency. This agent in charge (AIC) must be the same one who is listed on the Rental Registration Application for this rental unit.

AGENT-IN-CHARGE: ___________________________ DL# ____________

HOME ADDRESS: (No PO Box) ____________________________

CITY: ___________________________ STATE: OHIO ZIP: ____________ COUNTY: CUYAHOGA

CELL# ( ) ____________ ALT. PHONE # ( ) ____________

“RESIDENTIAL” TENANT INFORMATION

THE TENANT SHALL NOT OCCUPY THE RENTAL UNIT UNTIL THE OWNER RECEIVES THE TENANT RENTAL LICENSE. FAILURE TO COMPLY SHALL VOID THE REGISTRATION.

PRIMARY TENANT NAME: ___________________________ DL# ____________

A COPY OF THE TENANT’S DRIVER’S LICENSE OR STATE ID MUST BE ATTACHED.

PRIMARY TENANT PHONE: CELL ____________ OTHER ____________

TOTAL NUMBER OF TENANTS OCCUPYING THE RENTAL UNIT ____________

IS THE TENANT OPERATING A BUSINESS IN THE RENTAL UNIT? [ ] YES [ ] NO
Regional Income Tax Agency
Individual Registration Form

Attn: Registration P.O. Box 477900 Broadview Heights, OH 44147-7900
If you have any questions or are unable to complete this form please contact RITA's
Registration Dept. at (440) 526-0900 x5008 or (800) 860-7482 x5008.

Names:

Primary Social Security # ________________________________

Primary First Name ___________________________ Middle Initial ___________ Last Name ___________

Spouse's Social Security# ________________________________

Spouse's First Name ___________________________ Middle Initial ___________ Last Name ___________

Current Address Information:

P O Box _______________ House # _______________ Street Name _______________ Apt # _______________

City ___________________________ State _______________ Zip Code _______________

Registration for the city of: ____________________________________________

Effective date of this Address: ____________________________

Daytime Phone # ___________________________ Evening Phone # ____________________________

Prior Address Information:

Prior Address (House #, Street Name, City and State)

Effective date of this address: ____________________________

Employment Information:

Are you employed? Y/N Is your spouse employed? Y/N

Do you have Schedule C income in a RITA Municipality? Y/N

Does your spouse have Schedule C income in a RITA Municipality? Y/N

Do you own rental property and/or own a business? Y/N

Does your spouse own rental property and/or a business? Y/N

Are you retired and/or have no taxable income? Y/N Retirement date: you ________

Is your spouse retired and or have no taxable income? Y N spouse ________
"COMMERCIAL" BUSINESS TENANT INFORMATION

PRIMARY TENANT/MGR ___________________________ DL# ____________

A COPY OF THE PRIMARY TENANT'S OR MGR. DRIVER'S LICENSE MUST BE ATTACHED. AN ADDITIONAL EMERGENCY PHONE NUMBER IS ALSO REQUIRED.

NAME OF BUSINESS __________________________________________

TYPE OF BUSINESS __________________________________________

[ ] PARTNERSHIP [ ] CORPORATION [ ] LLC (OHIO)

HOME ADDRESS, PHONE NUMBERS OF PRIMARY TENANT OR MANAGER:

_________________________________________ ___________ ___________

CITY ______ STATE ______

ZIP ___________ CELL. ___________ OFFICE ___________

OTHER EMERGENCY PHONE NUMBER: ____________________________

IF TENANT IS A PARTNERSHIP, LIST ALL INFORMATION FOR EACH:

NAME: ___________________________________________ CELL PHONE: ___________

ADDRESS: _________________________________________ CITY/ZIP ______

NAME: ___________________________________________ CELL PHONE: ___________

ADDRESS: _________________________________________ CITY/ZIP ______

NAME: ___________________________________________ CELL PHONE: ___________

ADDRESS: _________________________________________ CITY/ZIP ______

IF TENANT IS A CORPORATION, LIST ALL INFORMATION:

STATE WHICH CORPORATION IS ORGANIZED: ____________

(If not Ohio, tenant must register with Ohio and attach proof)

NAME OF CORPORATION: ________________________________

ADDRESS OF CORPORATION: ____________________________

CITY/ZIP __________________ PHONE ____________________

(FORM B: Pg. 2 of 2)
BUSINESS REGISTRATION FORM 48

MUNICIPALITY

FEDERAL IDENTIFICATION NUMBER

SOCIAL SECURITY NUMBER [COMPLETE ONLY IF A SOLE PROPRIETOR]

FILING STATUS: □ CORPORATION □ ESTATE/TRUST □ LLC □ NON-PROFIT □ PARTNERSHIP □ S CORP. □ SOLE PROPRIETOR

RITA LOCATION NAME AND ADDRESS AS USED FOR BUSINESS PURPOSES

BUSINESS NAME: ___________________________________________ PHONE: (_____) __________________________

ADDRESS: ___________________________________________ CITY: ________ STATE: ________ ZIP: ________

IF CORPORATE SUBSIDIARY, GIVE NAME AND ADDRESS OF PARENT COMPANY MAIN OFFICE

BUSINESS NAME: ___________________________________________ ADDRESS: ___________________________________________

CITY: ________ STATE: ________ ZIP: ________

IF SOLE PROPRIETORSHIP, GIVE OWNER'S NAME AND HOME ADDRESS

NAME: ___________________________________________ PHONE: (_____) __________________________

ADDRESS: ___________________________________________ CITY: ________ STATE: ________ ZIP: ________

WHAT DATE DID YOU BEGIN OPERATIONS IN A RITA MUNICIPALITY? ___________________________

PLEASE LIST THE COMPANY NAICS CODE OR CHECK THE BOX THAT BEST DESCRIBES THE COMPANY BUSINESS TYPE

NAICS: □ 10000 TRANSPORTATION □ 20000 NON MANUFACTURING □ 30000 MANUFACTURING □ 40000 WHOLESALE

□ 50000 RETAIL □ 60000 FINANCE □ 70000 SERVICES □ 80000 PUBLIC ADMINISTRATION □ 90000 NON CLASSIFICATION

EMPLOYEE INFORMATION

DO YOU HAVE ANY EMPLOYEES? [CHECK ONLY ONE] □ YES □ NO □ ARE CONTRACTORS UTILIZED? [CHECK ONLY ONE] □ YES □ NO

*IF YES COMPLETE REVERSE SIDE.

IF YOU HAVE EMPLOYEES PROCEED WITH EMPLOYEE INFORMATION. IF YOU DO NOT HAVE EMPLOYEES PROCEED TO THE PROFIT/LOSS SECTION.

NUMBER OF EMPLOYEES AT RITA LOCATION: ___________________________ MONTHLY GROSS PAYROLL AT RITA LOCATION

WILL YOU BE WITHHOLDING RESIDENCE TAX ONLY? □ YES □ NO

SEND WITHHOLDING TAX FORMS TO

BUSINESS NAME: ___________________________________________ PHONE: (_____) __________________________

CARE OF: ___________________________________________ ADDRESS: ___________________________________________

CITY: ________ STATE: ________ ZIP: ________

IF YOU ARE A NON-PROFIT ORGANIZATION STOP HERE AND SIGN AT BOTTOM

PROFIT/LOSS INFORMATION

ENDING DAY OF FISCAL YEAR IF OTHER THAN CALENDAR YEAR ________ / ________ / ________

SEND NET PROFIT TAX RETURN TO

BUSINESS NAME: ___________________________________________ PHONE: (_____) __________________________

CARE OF: ___________________________________________ ADDRESS: ___________________________________________

CITY: ________ STATE: ________ ZIP: ________

THE INFORMATION HEREBY SUBMITTED IS TRUE AND CORRECT

SIGNATURE: ___________________________________________ DATE: __________________________

PRINT NAME: ___________________________________________ TITLE: __________________________

PHONE: __________________________

REGIONAL INCOME TAX AGENCY
41TH BUSINESS REGISTRATION
P.O. BOX 217000 BROADVIEW HEIGHTS, OH 44121-7800

CLEVELAND TOLL FREE (216) 614-9800 CLEVELAND TOLL FREE (216) 7442 YOUNGSTOWN TOLL FREE (330) 793-7800 CLEVELAND TOLL FREE (216) 614-9800 FAX (216) 793-3700
The information requested on this form is essential to the establishment of your account and will be held in strict confidence. Please complete and sign this Registration Form and return within 15 days. Prompt completion of this form now can save you the expenditure of additional time and effort in the future. If you have any questions please contact the Business Registration Department at one of the numbers below. Thank you for your cooperation.

SEND RESPONSE TO:

REGIONAL INCOME TAX AGENCY
ATTN: BUSINESS REGISTRATION
P.O. BOX 477900
BROADVIEW HEIGHTS OH 44147-7900

CLEVELAND TOLL FREE: (800) 860-RITA (7482)
COLUMBUS TOLL FREE: (866) 721-RITA (7482)
YOUNGSTOWN TOLL FREE: (866) 721-RITA (7482)

TDD: (440) 526-5332
FAX: (440) 526-3136
ORDINANCE NO.: 2014-36
INTRODUCES BY: Mayor Jeffrey A. Lansky
MOTION FOR ADOPTION BY: Councilwoman Toni Jones

AN ORDINANCE REPEALING CHAPTER 1487 OF THE CODIFIED ORDINANCES REGARDING CERTIFICATES OF RENTAL COMPLIANCE AND AMENDING CHAPTER 1486 REGARDING THE REGISTRATION OF RENTAL PROPERTIES IN THE CITY OF MAPLE HEIGHTS AND DECLARING AN EMERGENCY

WHEREAS, due to the financial condition of the City, the staff in the Building Department has been reduced; and

WHEREAS, the procedures, inspections, and investigation of violators for the registration of rental properties have become unmanageable for the decreased staff; and

WHEREAS, in the three months preceding the January 1, 2014 deadline, over 1,000 rental registration applications were submitted to the Building Department with no fees collected; and

WHEREAS, the Chief Building Official has recommended to the Council a new, more efficient procedure for the Rental Registration and tenant licensing process.

NOW, THEREFORE, BE IT ORDAINED by the Council of the City of Maple Heights, State of Ohio, Cuyahoga County:

Section 1. That Chapter 1487 of the Codified Ordinances regarding the Certificates of Rental Compliance is hereby repealed.

Section 2. That Chapter 1486 of the Codified Ordinances is hereby amended as follows:

CHAPTER 1486
Registration of Rental Properties

1486.01 DEFINITIONS.
As used in this section:
(a) "Agent in Charge" means a resident of Cuyahoga County, Ohio, who has been designated by the owner of a rental property located in the City of Maple Heights, to be the local agent-in-charge (AIC), to oversee the maintenance and financial obligations of the property, when the owner of the property does not reside in Cuyahoga County, Ohio. The Agent in Charge must be a resident of Cuyahoga County and register with the City for the property.
(b) "Designated City official" means the Building Commissioner the City of Maple Heights, Ohio or his/her designee.
to Section 1486.05 At the time of renewal, the owner or agent in charge shall be required to once again, fully comply with Section 1486.02.

1486.04 INSPECTIONS.
The designated City official shall be authorized to make or cause to be made inspections upon initial and subsequent rental registrations or when periodic re-inspections are deemed necessary by the designated City Official, in order to verify that occupants have not changed, upon valid complaints to the Building Department, and to ensure compliance with the Ohio Building Code, the Property Maintenance Code, and all other applicable ordinances. The inspection fees according to Sections 1442.03(d), and 1442.04(d) shall only be waived for the initial rental registration when applicable.

1486.05 VOIDING REGISTRATION OR TENANT RENTAL LICENSE.
Any Rental Registration or Tenant Rental License shall become null and void and the owner or agent in charge of the rental unit shall be required to re-register for a new application Rental Registration and Tenant Rental License per Section 1486.02 under the following conditions:

(a) If there are any changes from the original application, including change of tenant, ownership, or use,
(b) The rental unit for which the registration was granted and the use to which it was put designated does not, or no longer complies in all respects with this code and with all other applicable laws and ordinances;
(c) Any false statement or representation has been made by the applicant, or owner, agent in charge or tenant in connection with the application or issuance of the rental registration or Tenant Rental License;
(d) The owner, agent in charge or tenant does or causes anything to be done that is prohibited by law or omits or fails to do anything required by this code or by any other law or ordinance relating to such building or its use;
(e) An owner, agent in charge or tenant fails to allow or cooperate with the designated City official conducting inspections as set forth in this chapter, or fails to cooperate with other Building Department personnel in the daily operations necessary for the registration process, or
(f) The property is declared to be a nuisance for Criminal Activity according to Section 648.19 of the Codified Ordinances.

1486.06 PENALTIES.
An owner or agent in charge, who fails to timely register and maintain a Rental Registration or a Tenant Rental License for a rental unit is guilty of a fourth degree misdemeanor for a first offense, a third degree misdemeanor for a second offense, and a second degree misdemeanor for each and every subsequent offense. A separate violation shall be committed for each day and each rental unit that is not properly registered or a Tenant Rental License is not obtained or a Tenant Rental License is not obtained before the tenant occupies the unit. Knowingly submitting a false statement as part of the application or inspection process for rental registration or tenant licensing shall be a first degree misdemeanor.
Section 3. That Chapter 1486 as it previously existed is hereby and ordered to be repealed and amended.

Section 4. This Ordinance constitutes an emergency measure necessary to provide for the daily operations of the Building Department, and provided it receives the affirmative vote of two-thirds (2/3) of the members elected to Council, it shall take effect and be in force immediately upon its passage and approval by the Mayor, otherwise it shall take effect and be in force from and after the earliest period allowed by law.

Section 5. That it is found and determined that all formal actions of this Council concerning and relating to the adoption of this Ordinance were adopted in an open meeting on the date indicated below, and that all deliberations of this Council and any of its committees that resulted in such formal action, were in meetings open to the public in compliance with all legal requirements, including Section 121.22 of the Ohio Revised Code.

PASSED: July 23 2014

Jackie Albers, President of Council

ATTEST: Katherine Unger, Clerk of Council

Jeffrey A. Lansky, Mayor