



ASSUMPTION APPLICATION

Governed by Section 1759 of the City of Euclid Codified Ordinances.
CITY OF EUCLID HOUSING DEPARTMENT
585 E. 222nd Street Euclid, Ohio 44123
buildingandhousing@cityofeuclid.com

Property Information

Address: _____ Parcel# _____

Person Assuming Violations

Name: _____ Date of Birth: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Local Contact Name: _____

Local Phone : _____ Local Email: _____

Responsible Officer in LLC

LLC Contact Name: _____

LLC Phone : _____ LLC Email: _____

Articles of Incorporation and Authorization must be included.

Proposed Use:

I/WE plan to use the property as: (check one)

- Resale investment Primary residence Future rental investment

Title Company Information

Title Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____ Phone: _____

Contact Email: _____



Statement of Assumption of Violations

I/We _____
Print names

understand that by assuming these attached violations, I/We accept responsibility to have all violations corrected within 6 (six) months of this date. I/We understand that failure to do so may result in prosecution in the Euclid Municipal Court or any Court of appropriate jurisdiction as determined by the City of Euclid Prosecutor.

I/We understand the property will be scheduled for a re-inspection in 6 (six) months. If repairs have been corrected prior to the scheduled inspection, I/We may contact inspector in order to verify completion.

I/We confirm by signature that I/We are the officer, agent or employee or owner that has primary responsibility for code violation compliance.

I/We understand photo id's must be submitted for all persons responsible for assuming violations.

I/We understand we must notify the Housing Department in writing if the sale is not completed. This notification will release the unsuccessful buyer and allow a new assumption to be initiated.

Please print all fields out clearly

Print name(s) and title
of responsible parties: _____

Signature(s) of
responsible parties: _____

Housing Department
Witness _____
Signature Name

The Assumption Application is a \$150.00 Non-Refundable Fee

Per Euclid Codified Ordinance 1759.04