



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.gov

Property Information

Address: _____ Parcel # _____

Person/LLC Assuming Violations

Name: _____ Date of Birth: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Responsible Officer in LLC

LLC Contact Name: _____

LLC Phone: _____ LLC Email: _____

Local Contact/Property Manager

Local Contact Name: _____

Local Phone: _____ Local 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: _____



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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 that permitted work must be completed by a registered contractor, unless occupied by the owner. I/We understand that owner occupant may pull permits with signed disclosure.

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: _____

Date: _____

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

Per Euclid Codified Ordinance 1759.04