



## ASSUMPTION APPLICATION

Governed by Section 1759 of the City of Euclid Codified Ordinances.

### CITY OF EUCLID HOUSING DEPARTMENT

585 E. 222<sup>nd</sup> Street

Euclid, Ohio 44123

[buildingandhousing@cityofeuclid.gov](mailto: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