

RENTAL REGISTRY APPLICATION

PROPERTY INFORMATION		
Rental Property Address:	Addresses of Each Rental Dwelling Unit: (Can use attached sheet)	
Parcel #:	Zoning: (see Map)	Acreage:

RENTAL SPECIFICATIONS			
Rental Type: <input type="checkbox"/> Single Family <input type="checkbox"/> Multi-Family		Do you wish to be present for inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of building construction:	# of detached structures on lot:	# of units per structure:	# of parking spaces on the lot used for dwelling:

OWNER INFORMATION	
Owner Name:	Owner Address:
Owner E-mail:	Owner Phone:
Business Name (if applicable):	

DESIGNATED AGENT FOR PROPERTY	
Agent Name:	Agent Address:
Agent E-mail:	Agent Phone:

ADDITIONAL CONTACTS	
Please list all applicable contacts for correspondence	
Name(s)	Contact Information (phone/email)
Property Owner Name: (if different from Applicant)	Property Owner Contact Information (phone no./email):

ADDITIONAL INFORMATION ON NEXT PAGE....

INTERNAL USE

Zoning File No. _____

RECEIVED: _____
 DATE: _____

PAID: _____
 DATE: _____

**Updated
Aug 2021**



DEPARTMENT OF PLANNING

RENTAL REGISTRY - SUBMISSION REQUIREMENTS

TO BE COMPLETED/SUBMITTED BY APPLICANT:
1. Review Gahanna Code Chapter 780 (visit www.municode.com)
2. If applicable, provide a list of addresses for each rental unit (<i>see table below</i>)
3. Application fee (in accordance with the Building & Zoning Fee Schedule)
4. Application & all supporting documents submitted in digital format
5. Application & all supporting documents submitted in hardcopy format
6. Authorization Consent Form Complete & Notarized (<i>see page 3</i>)

FOR MULTI-FAMILY DWELLING
Number of Residential Buildings at this Site: _____ Building Number: _____
First Four Units: _____ x \$75.00= _____
Additional Units: _____ x \$50.00= _____
Total Due: _____

ADDRESSES OF EACH DWELLING UNIT

APPLICANT SIGNATURE BELOW CONFIRMS THE SUBMISSION REQUIREMENTS HAVE BEEN COMPLETED

I certify that the information on this application is complete and accurate to the best of my knowledge, and that the project as described, if approved, will be completed in accordance with the conditions and terms of that approval.

Applicant Signature: _____ Date: _____



ZONING DIVISION
200 S. Hamilton Road
Gahanna, Ohio 43230
614-342-4025
zoning@gahanna.gov
www.gahanna.gov

AUTHORIZATION CONSENT FORM

(must sign in the presence of a notary)

If you are filling out more than one application for the same project & address, you may submit a copy of this form with additional applications.

AUTHORIZATION FOR OWNER'S APPLICANT OR REPRESENTATIVE(S) *If the applicant is not the property owner, this section must be completed & notarized.*

I, _____, the owner or authorized owner's representative of the subject property listed on this application, hereby authorize _____ to act as my applicant or representative(s) in all matters pertaining to the processing and approval of this application, including modifying the project. I agree to be bound by all terms and agreements made by the designated representative.

Property Owner Signature: _____ Date: _____

AUTHORIZATION TO VISIT THE PROPERTY

I, _____, the owner or authorized owner's representative of the subject property listed on this application, hereby authorize City representatives to visit, photograph and post notice (if applicable) on the property as described in this application.

Property Owner Signature: _____ Date: _____

NOTARY

Subscribed and sworn to before me on this _____ day of _____, 20_____.

State of _____ County of _____

Stamp or Seal

Notary Public Signature: _____

AGREEMENT TO COMPLY AS APPROVED

I, _____, the applicant of the subject property listed on this application, hereby agree that the project will be completed as approved and any proposed changes to the approved plans shall be submitted for review and approval to the Zoning Division staff.

Applicant Signature: _____ Date: _____

NOTARY

Subscribed and sworn to before me on this _____ day of _____, 20_____.

State of _____ County of _____

Stamp or Seal

Notary Public Signature: _____