



VILLAGE OF ST. BERNARD

110 Washington Avenue, St. Bernard, Ohio 45217

Phone: (513) 242-7770 • Website: www.cityofstbernard.org

RENTAL REGISTRATION AND INSPECTIONS GUIDELINES

Section 1335.23-1335.25 of the Village of St. Bernard Property Maintenance Code outlines the regulations and fees for Institutional Structure and Rental Units. For additional information, please refer those Sections

A bi-annual registration fee is established as follows, or as the Department of Building Planning and Development shall subsequently establish by regulation:

- (1) Fifty dollars (\$50.00) per Institutional structure.
- (2) Fifty dollars (\$50.00) per residential rental unit, not to exceed five hundred dollars (\$500.00) per building.

The registration fee shall be paid to the Department of Building Planning at the time the application for Registration is filed with the Department.

Failure to register the institutional structure or residential rental unit with the Department of Building Planning and Development within the deadlines established in subsection (c) of this section shall result in a one hundred dollars (\$100.00) penalty per institutional structure or building containing a residential rental unit.

Updating Information. An owner of an institution structure or a residential rental unit shall contact the Department of Building Planning and Development and update the information required under subsection (b) of this section within sixty days after any change in the information occurs. A ten dollar (\$10.00) fee shall be charged per institutional structure or residential rental unit for the updating of information on the registration form.

A registration certificate shall not be transferred to the purchaser of an Institutional structure or premises with a residential rental unit and shall be void upon the completion of transfer of title to the premises.

An “Institutional structure” means all structures in which people suffering from physical limitations because of health or age are harbored for medical or other care or treatment, or in which people are detained for penal or correction purposes, or in which the liberty of the inmates is restricted. This shall include buildings and structures, or parts thereof, which house individuals who, because of mental or physical disability or other reasons, must live in a supervised environment. Rest homes.

Any questions or concerns may be directed to the Zoning Administrator via email at zoning@cityofstbernard.org or by calling 513-482-5684



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PROPERTY OWNER INFORMATION

Information must be submitted for an owner of each property. If owned by a corporation, an Agent must be listed.

Property Owner Name: _____

Property Owner Mailing Address: _____

City _____ State: _____ Zip: _____

Daytime Phone (____) _____ - _____ Evening Phone (____) _____ - _____

Email: _____

PROPERTY AGENT INFORMATION

An Agent must be a person at least 18 years of age who resides or maintains an office within the State of Ohio and can respond to the property in case of emergency.

Agent Name: _____

Agent Address: _____

City _____ State: _____ Zip: _____

Daytime Phone (____) _____ - _____ Evening Phone (____) _____ - _____

Email: _____



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RENTAL PROPERTIES IN ST. BERNARD

1. Location Address: _____
Auditor Parcel # _____
of Rental Units _____ Listed: Numerically (ex.1-3) OR Alphabetically (ex. A-C)
Zoning District _____
2. Location Address: _____
Auditor Parcel # _____
of Rental Units _____ Listed: Numerically (ex.1-3) OR Alphabetically (ex. A-C)
Zoning District _____
3. Location Address: _____
Auditor Parcel # _____
of Rental Units _____ Listed: Numerically (ex.1-3) OR Alphabetically (ex. A-C)
Zoning District _____
4. Location Address: _____
Auditor Parcel # _____
of Rental Units _____ Listed: Numerically (ex.1-3) OR Alphabetically (ex. A-C)
Zoning District _____

I hereby certify that all the statements submitted are factual and representative of this application. I agree to comply with the Village of St. Bernard Property Maintenance and Zoning Ordinance Resolutions.

Printed Name: _____ **Date:** _____

Applicant Signature: _____