



**Department of Building and Housing**  
**601 Lakeside Ave, Room 517 Cleveland, OH 44114**

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**ASSUMPTION OF VACANT VIOLATIONS FORM**

Name of Buyer/Responsible Party \_\_\_\_\_

Property Address \_\_\_\_\_ Cleveland, OH \_\_\_\_\_ No. of Units \_\_\_\_\_

Phone Cell/Home \_\_\_\_\_ Email address \_\_\_\_\_

Direct mailing address \_\_\_\_\_

Name of Local Agent in Charge<sup>1</sup> (if applicable) \_\_\_\_\_

Property will be: Owner Occupied  Rental  Resale

I HEREBY ACKNOWLEDGE THAT I AM AWARE OF THE REMAINING VIOLATIONS AND ACCEPT THE RESPONSIBILITY OF CORRECTING THEM TO THE SATISFACTION OF THE CITY OF CLEVELAND BUILDING AND HOUSING DEPARTMENT.

BY ACCEPTING RESPONSIBILITY FOR THESE VIOLATION(S), I UNDERSTAND THAT ALL VIOLATION(S) MUST BE CORRECTED WITHIN SIX (6) MONTHS FROM THE DATE THE TITLE IS TRANSFERRED AND AGREE TO ALL THE TERMS OF CHAPTER 3106 OF THE CLEVELAND CODIFIED ORDINANCE.

\_\_\_\_\_  
Signature of Buyer/Responsible Party

SWORN TO AND SUBSCRIBED before me by the above-named Party on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Notary's printed name: \_\_\_\_\_

Notary Public, State of Ohio.

My commission expires: \_\_\_\_\_

\_\_\_\_\_  
<sup>1</sup> Non-residents of Cuyahoga County or the surrounding area, must designate a local agent that will be responsible for the property's condition.