

Lower Heidelberg Township

720 Brownsville Road, Sinking Spring, PA 19608
(610) 678.0818

Code Enforcement

FOR OFFICIAL USE ONLY

Registration Fee \$ _____ Date _____
Inspection Fee \$ _____ Date _____
Inspector _____ Date _____
Re-Inspect Fee \$ _____ Date _____

Rental Unit Registration & License Application

(Pursuant to Ordinance No. 290)

1. **New Registration** **Renewal** **Change in Owner/Property Manager**

2. RENTAL PROPERTY ADDRESS

Mailing Address: _____

Number of Units at this Address: _____

Type of Rental Unit (Circle One): Single-Family Duplex (Two Family) Multi-Family (3 or More Units)

3. OWNER INFORMATION

Name: _____ Business Name: _____

Mailing Address: _____ City: _____ State: _____ ZIP: _____

Phone Numbers: Day: _____ Evening: _____

Cell: _____ FAX: _____

Emergency Representative: _____

Mailing Address: _____ City: _____ State: _____ ZIP: _____

Phone Numbers: Day: _____ Evening: _____

Cell: _____ FAX: _____

4. PROPERTY MANAGEMENT INFORMATION

Name: _____ Business Name: _____

Mailing Address: _____ City: _____ State: _____ ZIP: _____

Phone Numbers: Day: _____ Evening: _____

Cell: _____ FAX: _____

5. RENTAL UNIT(S) INFORMATION *(Attach additional sheets as necessary)*

Unit or Apt # _____

Number of sleeping rooms in this unit: _____ Number of occupants: _____

List the names of all occupants of this unit including children:

Tenant phone number(s); Home - _____ Cell - _____

Utilities: Owner's Responsibility: Heat Electric Water Sewer Yard Maintenance

Tenant's Responsibility: Heat Electric Water Sewer Yard Maintenance

Unit or Apt # _____

Number of sleeping rooms in this unit: _____ Number of occupants: _____

List the names of all occupants of this unit including children:

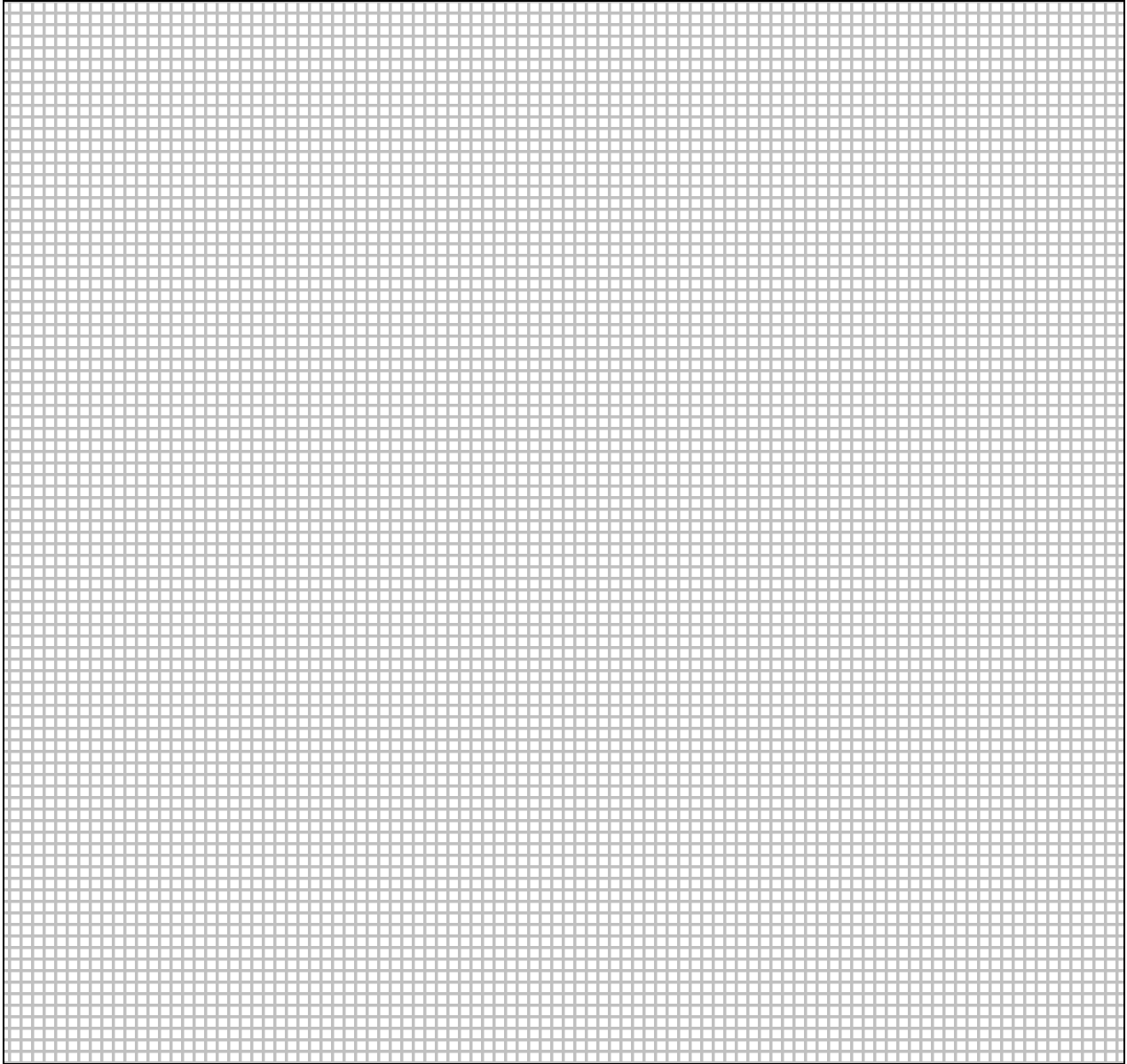
Tenant phone number(s); Home - _____ Cell - _____

Utilities: Owner's Responsibility: Heat Electric Water Sewer Yard Maintenance

Tenant's Responsibility: Heat Electric Water Sewer Yard Maintenance

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6. FLOOR PLAN *A dimensioned floor plan of each unit must be provided. (Attach additional sheets as necessary)*



7. OWNER/AGENT CERTIFICATION

Applicant Affidavit

I hereby attest to the truth and accuracy of the information contained in this application and grant Lower Heidelberg Township permission to conduct any and all inspections required and affirm that all tenants of the subject property will be informed of required and scheduled inspections.

Printed Name: _____

Signature: _____ **Date:** _____