**BOROUGH OF NORTH CATASAUQUA**

1066 Fourth Street

North Catasauqua, PA 18032

Phone: 610-264-1504

Email: office@northcatasauqua.org

**RESIDENTIAL RENTAL UNIT REGISTRATION APPLICATION**

**SECTION ONE**

Property Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Apartment Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Owner Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Owner Address (if different):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Owner Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does the Owner live more than 30 miles from the Borough of North Catasauqua?

YES\_\_\_\_\_\_\_\_ NO\_\_\_\_\_\_\_\_ (If “YES,” please complete Section Three below)

**SECTION TWO**

Dwelling Type (circle one): Single Duplex Apartment Townhouse Other

Number of rental units at this address:\_\_\_\_\_\_\_\_\_ Number of occupants in this unit:\_\_\_\_\_\_\_\_\_

For this unit, please specify, by number (Example - Bedrooms: 2):

Floors:\_\_\_\_\_\_\_\_ Bedrooms:\_\_\_\_\_\_\_\_ Bathrooms:\_\_\_\_\_\_\_\_ Kitchens:\_\_\_\_\_\_\_\_ Living Rooms:\_\_\_\_\_\_\_\_\_ Dining Rooms:\_\_\_\_\_\_\_ Onsite Parking:\_\_\_\_\_\_\_ Other (please describe):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Lessor's Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Property Insurance Company:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration Date:\_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

**SECTION THREE (Complete only if applicable)**

Property Manager Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Property Manager Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does the Property Manager live within 20 miles of North Catasauqua? YES NO

**SECTION FOUR**

**Tenant Name Age Phone #**

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Start date of lease: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

End date of lease: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**APPLICANT CERTIFICATION**

I understand and agree that this application is for the licensing of a Residential Rental Unit under the Borough of North Catasauqua's Residential Rental Registration and Inspection Ordinance Number 431. Issuance of a Residential Rental Unit License does not indicate that the residential rental unit is in compliance with applicable Building, Property Maintenance, Zoning or other codes or ordinances.

I understand and agree that no application is complete without payment of the application fee. The Borough will not issue a Residential Rental Unit License authorizing rental of the unit unless all Borough water, sewer, real estate, and trash collection charges are paid in full and all appropriate inspections are performed and approved by the Borough Code Enforcement Officer.

By signing this application, I certify that all facts in the application and any accompanying documentation are true and correct. This application is being made by me to induce official action on the part of the Borough of North Catasauqua under Ordinance 431, and I understand and agree that my statements made herein are being made subject to the penalties of 18 Pa. C.S.A. § 4904 relating to unsworn falsification to authorities.

I hereby consent to an inspection of the premises located above by the Borough of North Catasauqua Code Enforcement Officer or their duly appointed designee. I understand and agree that the purpose of the inspection is to determine if the subject property complies with all applicable provisions of the Borough of North Catasauqua's Residential Rental Registration and Inspection Ordinance.

I understand that the Borough of North Catasauqua Code Enforcement Officer or their duly appointed designee will contact me to schedule a Residential Rental inspection, and that please contact the Borough Code Enforcement Officer.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

Signature of Owner / Manager (circle one)

**OFFICIAL USE ONLY**

DATE APPLICATION RECEIVED:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE FEE PAID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE INSPECTION PASSED:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE CERTIFICATE OF COMPLIANCE ISSUED:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LICENSE NUMBER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE OF BOROUGH OFFICIAL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_