

BOROUGH OF SHARON HILL

250 Sharon Avenue, Sharon Hill, PA 19079
Phone 610-586-8200 Fax 610-586-3991

2017 Rental Dwelling Operating License Application and U&O

OWNERS ARE TO COMPLETE INDIVIDUAL APPLICATION FOR EACH RENTAL PROPERTY AND SUBMIT ANNUAL LICENCE FEE AS PER INSTRUCTIONS.

Please Note: Fee includes license, 1st inspection and 1 re-inspection. All subsequent re-inspections will be \$40.00 ea. Unit
Inspections cancelled with less than 24 hours notice will be counted as the initial inspection
NO EXCEPTIONS

Section 1 – Property information and Identification

Rental Property Address: _____

Property Type: ___ Single Family ___ Duplex ___ Multi Family ___ Commercial

Number of Rental Units: ___ Dwelling Units ___ Rooming Units

Are there any of the units within the property Owner Occupied? ___ Yes ___ No

Definitions:

Dwelling Unit: Any Habitable room located within a dwelling and forming a single habitable unit with facilities which are used or intended to be used for sleeping, cooking and eating.

Rooming Unit: Any room or group of rooms forming a single habitable unit used or intending to be used for living and sleeping, but not for cooking meals

Section 2 - Property Owner Information

Property Owner: _____

Address: _____

(P.O. Box not accepted)

Phone #: _____ Cell #: _____ Fax #: _____

Email Address: _____

Section 3 – Person Responsible for Maintenance & Management

Enter below the requested information for the person responsible for maintenance and management of this property. This person must reside within 10 miles of the Sharon Hill Borough.

Managers Name: _____

Address: _____

(P.O. Box not accepted)

Phone #: _____ Cell #: _____ Fax #: _____

Section 4 – Signature of Property Owner

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT AND UNDERSTAND ALL MAILINGS FROM SHARON HILL BOROUGH DEPARTMENTS, INCLUDING THE ANNUAL RENTAL LICENSE BILLING STATEMENT WILL BE MAILED TO THE OWNERS ADDRESS IDENTIFIED ABOVE. ANY CHANGES TO ABOVE APPLICATION INFORMATION SHALL BE IDENTIFIED TO THE BOROUGH

Signature of Owner _____ Date _____

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2017 Rental Dwelling Property Tenant Notification Form (FOR CONTINUED CERTIFICATE OF OCCUPANCY)

Unit: _____

Accountable tenant Information:

First & Last Name : _____

Total Number of individuals/family members occupying unit: _____

List all tenants, relationship and ages under eighteen (18): (Example = John smith, 16 son)

| (First Name) | (Last Name) | (Relationship) | (Phone#) |
|--------------|-------------|----------------|--------------------------|
| (First Name) | (Last Name) | (Relationship) | (Phone# or age under 18) |
| (First Name) | (Last Name) | (Relationship) | (Phone# or age under 18) |
| (First Name) | (Last Name) | (Relationship) | (Phone# or age under 18) |
| (First Name) | (Last Name) | (Relationship) | (Phone# or age under 18) |

Does tenant receive HUD & Housing assistance payments (voucher)? Yes _____ NO _____

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Unit: \_\_\_\_\_

Accountable tenant Information:

First & Last Name: \_\_\_\_\_

Total Number of individuals/family members occupying unit: \_\_\_\_\_

List all tenants, relationship and ages under eighteen (18): (Example = John smith, 16 son)

| (First Name) | (Last Name) | (Relationship) | (Phone#)                 |
|--------------|-------------|----------------|--------------------------|
| (First Name) | (Last Name) | (Relationship) | (Phone# or age under 18) |
| (First Name) | (Last Name) | (Relationship) | (Phone# or age under 18) |
| (First Name) | (Last Name) | (Relationship) | (Phone# or age under 18) |
| (First Name) | (Last Name) | (Relationship) | (Phone# or age under 18) |

Does tenant receive HUD & Housing assistance payments (voucher)? Yes \_\_\_\_\_ NO \_\_\_\_\_

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Unit: _____

Accountable tenant Information:

First & Last Name : _____

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| (First Name) | (Last Name) | (Relationship) | (Phone# or age under 18) |

Does tenant receive HUD & Housing assistance payments(voucher)? Yes _____ NO _____