

**BOROUGH OF SHARON HILL**  
DELAWARE COUNTY PENNSYLVANIA

250 Sharon Avenue  
Sharon Hill, PA 19079

Phone: 610-586-8200  
Fax: 610-586-3991



**RENTAL DWELLING APPLICATION**  
**RENTAL PROPERTY REGISTRATION APPLICATION**  
**TO LEASE OR RENT DWELLING, DWELLING UNIT OR ROOMING UNIT.**

**DATE:** \_\_\_\_\_

**FEE: \$200.00 FIRST UNIT, \$100.00 EACH ADDITIONAL UNIT**

**Please Note:** Fee includes License, 1st inspection & 1 re-inspection.

**Subsequent re-inspections & no shows will be \$75.00 Each**

\*Inspections cancelled with less than 24 hours' notice will be counted as an inspection\*

**Rental Property Address:** \_\_\_\_\_

**Property Owner Information**

Property Owner(s): \_\_\_\_\_

Property Owner Address: \_\_\_\_\_  
(P.O. Box not accepted)

Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Local Agent's Information**

Property Manager(s): \_\_\_\_\_

Address: \_\_\_\_\_  
(P.O. Box not accepted)

Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Fax #: \_\_\_\_\_

**TENANT NAME(S) INFORMATION:**

**IMPORTANT: THE FOLLOWING MUST BE COMPLETED!**

List all **ADULTS (over 18 yrs. of age)** that reside at the listed property, please include unit numbers if applicable.

**\*Years at property:** \_\_\_\_\_

_____ (First Name)	_____ (Last Name)	_____ (Apartment #)	_____ (Phone#)
_____ (First Name)	_____ (Last Name)	_____ (Apartment #)	_____ (Phone#)
_____ (First Name)	_____ (Last Name)	_____ (Apartment #)	_____ (Phone#)

\* The applicant shall promptly inform the Department of Code in writing of any changes made to a property which alters the information provided in the applicant's registration. Registration Is Non-Transferable.

**OFFICE USE ONLY**

Date Received by Borough: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Check # \_\_\_\_\_

\_\_\_\_\_  
Initial inspection  
\_\_\_\_\_  
Re-inspection