

# REGULATED RENTAL UNIT LICENSE APPLICATION

## SECTION I: BUILDING INFORMATION

RENTAL UNIT/ BUILDING ADDRESS:	_____
FACILITY NAME/DESIGNATION:	_____
NO. OF UNITS PER BUILDING:	_____

## SECTION II: OWNER(S) INFORMATION

*OWNERS REFER TO PERSON WITH LEGAL TITLE OF OWNERSHIP*

TYPE OF OWNER:	<input type="checkbox"/> Individual	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> Trust	<input type="checkbox"/> Other
OWNER NAME:	_____					
ADDRESS:	_____					
CITY:	_____	STATE:	_____	ZIP:	_____	
TELEPHONE:	_____			_____		
	<i>HOME</i>			<i>BUSINESS</i>		
E-MAIL ADDRESS:	_____					

## SECTION III: DESIGNATED AGENT INFORMATION

*MANDATORY IF OWNER RESIDES OUTSIDE OF LYCOMING COUNTY*

NAME OF DESIGNATED AGENT:	_____					
ADDRESS:	_____					
CITY:	_____	STATE:	_____	ZIP:	_____	
TELEPHONE:	_____			_____		
	<i>HOME</i>			<i>BUSINESS</i>		

*\* SUBMISSION OF A FALSE STATEMENT TO A PUBLIC OFFICIAL, PURSUANT TO SECTION 4904 OF TITLE 18 OF THE PENNSYLVANIA CRIMES CODES, CONSTITUTES A MISDEMEANOR OF THE THIRD DEGREE OFFENSE, PUNISHABLE BY A FINE AND IMPRISONMENT OF NOT MORE THAN ONE YEAR. \**

## SECTION IV: APPLICANTS SIGNATURE

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

SIGNATURE OF APPLICANT: \_\_\_\_\_

# RESIDENTIAL RENTAL UNIT INSTRUCTIONS

**SECTION I:** COMPLETE THIS SECTION BY GIVING THE ADDRESS OF THE RENTAL UNIT. PLEASE PROVIDE THE FACILITY NAME, IF APPLICABLE.  
AN APPLICATION MUST BE FILLED OUT OUT FOR EACH SEPARATE BUILDING. PLEASE LIST THE NUMBER OF UNITS PER BUILDING.

**SECTION II:** IN THIS SECTION, BEGIN BY CHECKING THE APPROPRIATE BOX THAT APPLIES FOR THE OWNER, WHETHER THE OWNER IS AN INDIVIDUAL, A SOLE PROPRIETOR, A PARTNERSHIP, A CORPORATION, A TRUST OR OTHER. THEN LIST THE NAME, ADDRESS, CITY AND STATE, INCLUDING THE ZIP CODE AND BOTH HOME AND BUSINESS TELEPHONE NUMBERS FOR THE OWNER.

**SECTION III:** COMPLETE THIS SECTION ONLY IF THE OWNER OF THE PROPERTY RESIDES OUTSIDE OF LYCOMING COUNTY AND OR DOES NOT OPERATE A BUSINESS WITHIN THE WILLIAMSPORT CITY LIMITS.

A DESIGNATED AGENT IS THE RESPONSIBLE PARTY FOR MANAGING THE FACILITY AND MAINTAINING THE MAINTENANCE AND UPKEEP OF SUCH PROPERTY. THE DESIGNATED AGENT IS ALSO RESPONSIBLE FOR RECEIPT OF NOTICES AND SCHEDULING INSPECTIONS.

**PLEASE SIGN AND DATE THE BOTTOM OF THE RENTAL APPLICATION.**

YOU MAY EITHER MAIL OR HAND DELIVER THE APPLICATION TO:

**BUREAU OF CODES  
245 WEST FOURTH STREET  
WILLIAMSPORT, PA 17701**

OFFICE HOURS: MONDAY THRU FRIDAY 8:30 AM TO 4:30 PM

**FEES:**

<b>\$60.00</b>	FOR 1-3 UNITS PER BUILDING
<b>\$100.00</b>	FOR 4-6 UNITS PER BUILDING
<b>\$150.00</b>	FOR 7-12 UNITS PER BUILDING
<b>\$200.00</b>	FOR 13-25 UNITS PER BUILDING
<b>\$300.00</b>	FOR 26-50 UNITS PER BUILDING
<b>\$400.00</b>	FOR 51 OR MORE UNITS PER BUILDING
<b>20%</b>	DISCOUNT, FOR NO CODE VIOLATIONS

## **HOW TO CALCULATE YOUR FEES:**

\_\_\_\_\_ UNITS PER BUILDING  
*EXAMPLE: 1-3 UNITS/BUILDING IS \$ 60.00 PER UNIT*