

**BOROUGH OF SPING CITY**

**RENTAL OPERATING LICENSE APPLICATION**

1. Applicants Name: \_\_\_\_\_
2. Applicant's Address: \_\_\_\_\_
3. Applicant's Telephone: \_\_\_\_\_
4. Applicant is \_\_\_\_\_ Owner/Landlord, \_\_\_\_\_ Property Manager/Agent for Owner.
5. Name and Address of Owner (if different from #1 and #2 above):  
\_\_\_\_\_
6. Location and unit number of property to be let for occupancy:  
\_\_\_\_\_
7. Name and telephone number of contact person to schedule compliance inspection (if different from #1 and #2 above): \_\_\_\_\_
8. Mailing address of property to be let for occupancy (if different from #6 above):  
\_\_\_\_\_
9. Names and ages of all tenants and occupants who will occupy property listed in #6 above:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I verify that the information contained in this application is true and correct to the best of my knowledge, information and belief. I understand that I must allow the Borough of Spring City Housing Inspector to inspect my property listed in item #6 above, to ensure that such property is compliant with all applicable codes and that I must pay the cost of such inspection and repair any items found to be in violation before a Rental Operating License will be issued.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**PLEASE SUBMIT ONE (1) APPLICATION FOR EACH RENTAL UNIT**

For Office Use Only:

Application Fee Attached: Yes \_\_\_\_\_ No \_\_\_\_\_

License issued on: \_\_\_\_\_

License Number: \_\_\_\_\_

# BOROUGH OF SPRING CITY

## INSPECTION FORM FOR RENTAL UNIT(S)

**TO BE COMPLETED BY APPLICANT: PLEASE PRINT CLEARLY**

Property Owner: _____	Agent: _____
Property Address: _____	Address: _____
Phone No.: _____	Phone No.: _____

**TYPE:**

Single Family: \_\_\_\_\_ Multi-Family (No. of Units): \_\_\_\_\_

Two Family: \_\_\_\_\_ Rooming House (No. of Rooms) \_\_\_\_\_

**CONSTRUCTION:**

No. of Stories Above Grade: \_\_\_\_\_

No. of Stories Below Grade: \_\_\_\_\_

**MUST BE COMPLETED AND SIGNED BY APPLICANT (WILL BE VERIFIED BY INSPECTION BY BOROUGH CODE OFFICIAL). INSPECTION TO CHECK FOR MINIMUM STANDARDS AND OPERABILITY ONLY!**

<u>BASIC FACILITIES</u>	<u>YES</u>	<u>NO</u>	<u>ELECTRIC SERVICE</u>	<u>YES</u>	<u>NO</u>
1. Kitchen Facilities			1. Minimum of (2) wall outlets in each habitable room.		
Sink	___	___			
Stove	___	___			
Refrigerator	___	___	2. One (1) GFCI outlet in each Bath/Powder Room.	___	___
Cabinet or Shelves	___	___			
2. Room affording privacy with properly operating:			3. All outside receptacles and receptacles adjacent to water sources must be GFCI protected.	___	___
Toilet	___	___			
Lavatory Sink	___	___	4. Smoke Detectors one each floor in each bedroom immediate vicinity of bedrooms	___	___
Bathtub or Shower	___	___			
3. Water heater pressure relief valve extension tube must be within 6 inches from floor.	___	___	5. Electrical Service capacity (amps) _____	___	___
4. Heating System	___	___	<b><u>PROPERTY MAINTENANCE</u></b>		
5. Central Air	___	___	1. Every public walkway, driveway entrance and curb free of cracks, breaks and tripping hazards and in good repair.	___	___
6. Safe unobstructed means of exit leading directly to ground level.	___	___	2. Every foundation, roof, exterior wall, door, skylight and windows in good repair.	___	___
7. Structurally sound handrails, ballisters, stairways, decks and porches.	___	___	3. Every interior wall, ceiling inside and outside porches, stairs and appurtenances are safe and in good repair.	___	___
8. House number clearly displayed.	___	___	4. Sump Pump.	___	___

Inspection Date by Applicant: \_\_\_\_\_

Inspection Date by Code Official: \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Inspector's Signature

\_\_\_\_\_  
Applicant's Name Printed

\_\_\_\_\_  
Inspector's Name Printed