

**Borough of Shillington**  
 2 East Lancaster Avenue Shillington, PA 19607  
 (610) 777-1338  
**Codes Enforcement**

Registration Fee \$ \_\_\_\_\_ Date \_\_\_\_\_  
 Inspection Fee \$ \_\_\_\_\_ Date \_\_\_\_\_  
 Inspector \_\_\_\_\_ Date \_\_\_\_\_  
 Re-Inspect Fee \$ \_\_\_\_\_ Date \_\_\_\_\_

**Rental Unit Registration**

**1. New Registration**  **Renewal**  **Change in Owner/Property Manager**

**2. RENTAL PROPERTY ADDRESS**

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

Number of Units at this Address: \_\_\_\_\_

Type of Rental Unit: (Circle One): Single-Family    Duplex (Two Family)    Multi-Family (3 or More Units)

**3. OWNER INFORMATION**

Name: \_\_\_\_\_ Business Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone Numbers: Day: \_\_\_\_\_ Email: \_\_\_\_\_

Cell: \_\_\_\_\_ FAX: \_\_\_\_\_

*Emergency Representative:* \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone Numbers: Day: \_\_\_\_\_ Email: \_\_\_\_\_

Cell: \_\_\_\_\_ FAX: \_\_\_\_\_

**4. PROPERTY MANAGEMENT INFORMATION**

Name: \_\_\_\_\_ Business Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone Numbers: Day: \_\_\_\_\_ Email: \_\_\_\_\_

Cell: \_\_\_\_\_ FAX: \_\_\_\_\_

**5. RENTAL UNIT(S) INFORMATION** *(Attach additional sheets as necessary)*

**Unit Designation/#** \_\_\_\_\_ (Number of sleeping rooms in this unit: \_\_\_\_\_)

Current Occupants: \_\_\_\_\_

Utilities: Owner's Responsibility:  Heat  Electric  Water  Sewer  Yard Maintenance

Tenant's Responsibility:  Heat  Electric  Water  Sewer  Yard Maintenance

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Utilities: Owner's Responsibility:  Heat  Electric  Water  Sewer  Yard Maintenance

Tenant's Responsibility:  Heat  Electric  Water  Sewer  Yard Maintenance

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**NOTE:** A dimensioned floor plan of each unit must be provided. (Attach additional sheets as necessary)



**6. OWNER/AGENT CERTIFICATION**

*Applicant Affidavit*

I hereby attest to the truth and accuracy of the information contained in this application and grant the Borough of Shillington permission to conduct any and all inspections required and affirm that all tenants of the subject property will be informed of required and scheduled inspections.

**Printed Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_