

Rental License Application
INDIVIDUAL APPLICATION REQUIRED FOR EACH BUILDING
PLEASE COMPLETE SECTIONS 1 THROUGH 9

Property Information

Section 1

Rental Property Address: _____	Property Identification Tax ID (PIN): _____
PIN can be found on property tax statement or at http://www2.county.allegheny.pa.us/RealEstate/Search.asp	
Number of Rental Units: _____ Dwelling Units _____ Rooming Units _____ Shared Bath Units _____ Condo Units	
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.	
SHARED BATH UNIT: Dwelling unit which does not contain a bathroom.	
ROOMING UNIT: Any room or group of rooms forming a single habitable unit used or intended to be used for living and sleeping, but not for cooking of meals.	
CONDO UNIT: Any dwelling unit within a Condominium, Townhouse or Coop Association.	

Section 2

Owner Information

Business Name: _____ (Required if Applicable)	
Name of Natural Person: _____ Chief Operating Officer/Owner First MI (Required) Last	
Date of Birth _____ Month/day/year (Required)	Phone () _____
Owner's Address _____	
City _____ County _____ State & Zip Code _____	

Section 3

Person Responsible for Maintenance & Management of this Rental Property

Enter below the requested information for the natural person responsible for maintenance and management of this property. This person may also be the appointed agent/contact person for the property. A post office box or commercial mail service box is not acceptable as an address for such person. BRACKENRIDGE CODE OF ORDINANCES.

Name of Property _____		Date of Birth _____		
Manager	First	MI (Required)	Last	(Required)
Daytime Phone () _____		Evening Phone () _____		
Address _____				
City _____ County _____ State & Zip Code _____				

Section 4

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT AND I UNDERSTAND ALL MAILINGS FROM INSPECTIONS DIVISION INCLUDING THE ANNUAL RENTAL LICENSE BILLING STATEMENT WILL BE MAILED TO THE APPOINTED AGENT/CONTACT PERSON UNLESS INSPECTIONS DIVISION IS NOTIFIED OF ANY CHANGES.

Signature of Owner _____	Date _____	Signature of Person responsible for Maintenance/Mgmt must be notarized. If Other Than Owner (Space reserved for Notary Stamp)
Signature of Property Manager if other than owner _____ Date _____		
Subscribed and sworn to before me on this _____ day of _____, 20____.		
_____, Notary Public, _____ County		

Caution: Your signature as Property Manager on this form will make you responsible for the maintenance and management of this rental property.

Section 5

Please check the appropriate boxes below:

- I certify that there are no delinquent property taxes for this rental dwelling.
- I certify that there are no delinquent assessments for this rental dwelling.
- I certify that there are no active arrest warrants for a Brackenridge Property Maintenance Code or Zoning Code violation pertaining to any property on which the licensee, applicant or property manager has a legal or equitable ownership interest or is involved in management or maintenance.

Section 6

The licensee shall maintain a current register of all tenants and other persons with a lawful right to occupancy to a dwelling unit and the corresponding floor number, and unit number, and/or designation of such within the building.

Address where tenant register is kept:

Section 7

RENTAL LICENSE BUILDING SCHEME

- If this property is single family dwelling, check here.
- If this property is a duplex, check here. Is either unit owner occupied? _____ (yes or no)

How is each unit addressed? Unit #1 _____

Circle the unit that is owner occupied (if applicable) Unit #2 _____

(Building scheme not required for single family or duplex dwellings.)

- If this rental is a dwelling unit(s) within a townhouse, condo, or coop association check here. Completion of Section 8 is required.
- If this property is a leasehold coop, check here. Completion of Section 9 required.
- If this property is 3 or more dwelling/rooming/shared bath units check here. Completion of Section 9 required.

Section 8

CONDOMINIUM, TOWNHOUSE, COOP ASSOCIATION BUILDING SCHEME

For rentals within a condominium, townhouse, coop or leasehold coop association please use the grid below to indicate the address, unit numbers and property identifications numbers (PIN) for each rental dwelling you are licensing within the association.

Section 8 continued

Building Address	
Unit Number	Property Identification Number

Section 9

DIRECTIONS - APARTMENT BUILDING SCHEME (3 or more units)

See grid below, which can be used for your scheme. The floors are the column headings listed from left to right. The units on each floor should be listed from lowest to highest unit # along with the unit type in their appropriate column. For larger buildings, you may call 724-224-0800 for additional grid sheets or supply your own grid as long as it is formatted the same as the grid on the back of this form.

Basement Garden Level		or	Ground or 1 st Floor		Floor #		Floor#		Floor #		Floor #	
Unit #	Unit Type	Unit #	Unit Type	Unit #	Unit Type	Unit #	Unit type	Unit #	Unit Type	Unit #	Unit Type	

Floor #		Floor #		Floor #		Floor#		Floor #		Floor #	
Unit #	Unit Type	Unit #	Unit Type	Unit #	Unit Type	Unit #	Unit type	Unit #	Unit Type	Unit #	Unit Type

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Section 10

Rental License Fees

Fee Amounts per Building: The initial license fee is \$50 for a 1 family rental unit, \$75 for a 2 family rental unit, \$100 plus \$10 per unit for a 3 to 10 unit building, \$200 plus \$20 per unit for over 10 units per building, \$125 plus \$10 per unit for, rooming houses, dormitories, and hotels/motels. There after the subsequent fee for annual license for 1 and 2 family units will be assessed at \$25 per unit. Multifamily units 3-10 will be \$75. Multifamily units over 10 units will be \$25 per unit. Rooming houses, dormitories, hotels/motels will be \$75 per unit. A change in ownership shall require a new license application and payment of the license fee. **New Owners: Attach proof of ownership (i.e. Copy of Certificate of Real Estate Value or HUD Statement or Bill of Sale).** Operation of an unlicensed dwelling unit shall be subject to an additional administrative fee of two hundred fifty dollars (\$250.00) for the first unlicensed dwelling unit and twenty dollars (\$20.00) for each additional unlicensed dwelling unit under common ownership in the same building. This fee shall be in addition to any other appropriate enforcement action or fees due. This fee shall apply 60 days after owner closes the sale of the rental property.

FEE MUST ACCOMPANY APPLICATION.

Make checks payable to: Brackenridge Borough

Mail to: Brackenridge Borough
 1000 Brackenridge Avenue
 Brackenridge, PA 15014

Section 11

Important Information

Every Licensee shall promptly notify the Department of Code Enforcement of any changes in the names, addresses and other information concerning the person listed in the last license application filed with the department.

The owner of any dwelling which is required to be licensed by this chapter shall prior to the time of sale of said dwelling, notify the buyer in writing of all unabated orders and violation tags issued by the Department of Code Enforcement pertaining to said dwelling, as well as the requirement of law that said dwelling, upon acquisitions by a new owner, must be licensed with the Borough. A copy of the notification shall be mailed to the Department of Code Enforcement within five (5) days of furnishing the notification to the buyer. If the dwelling is owned by a corporation, an officer of said corporation shall carry out the notification required by this section. If the property is owned by more than one person, a notification by one of the owners shall satisfy this section. For the purpose of this section, "time of sale: shall be construed to mean when a written purchase agreement is executed by the buyer or, in the absence of a purchase agreement, upon the execution of any document providing for the conveyance of a dwelling required to be licensed.

Section 12

For Office Use Only

License/Provisional Number..... _____
 Operator..... _____
 Date Processed..... _____
 Fee Amount Paid..... _____

- | | |
|--|--|
| <input type="checkbox"/> New Construction/Certificate of Occupancy | <input type="checkbox"/> Conversion |
| <input type="checkbox"/> Code Compliance | <input type="checkbox"/> Response to RFS |
| <input type="checkbox"/> New Owner | <input type="checkbox"/> Update Only |
| <input type="checkbox"/> Other _____ | |