

City Of Reading
Codes Division
815 Washington St RM 1-30
Reading PA 19601
610-655-6283

Rental Housing Permit Application

Rental Property Address

(Please include Unit Numbers and Building Name, if applicable)

CODE OFFICE USE ONLY:
PERMIT NUMBER: _____
IF APPROVED

TYPE OF APPLICATION

2007 – 2008 Application (initial submission under new Ordinance)

New Rental Permit

Increase/ Decrease of Units

Renewal Application with Changes

Transfer of Ownership

Change of Management

Owner Occupied

Renewal Application without Changes

Change of Address

Dwelling Unit

Rooming Unit

Combination Unit (combination of dwelling unit (e.g., apartment) and rooming unit(s)).

ALL INFORMATION MUST BE COMPLETED

(If Not Applicable Please So Indicate)

OWNER(S) INFORMATION

Owner's Name as it appears on the deed (If more than one owner please complete separate sheet listing information for all owners):

Address of Owner: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ DL # _____ DL Issuing State _____

Phone Number: _____ Cell Phone: _____

Fax Number: _____

E-mail Address: _____

DL = Drivers License

If Owner is a Corporation or Partnership Please Provide Information for Designated Officer or Corporation:

Name of Partner or Officer: _____

Office: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ DL # _____ DL Issuing State _____

Phone Number: _____

Cell Phone: _____

Fax Number: _____

E-mail Address: _____

Previous Owner: _____

(Need to supply if property has a Current Housing Permit)

Address: _____

City: _____ State: _____ Zip Code: _____

Property Ownership from _____ to _____

(If Known)

MANAGEMENT OR RESPONSIBLE AGENT INFORMATION

Management / Company Name: _____
Agent's Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Work Phone: _____ Cell Phone: _____
Fax Number: _____
E-mail Address: _____

HISTORY (If Applicable)

Have Housing Permits been historically obtained for this property? Yes _____ No _____
If yes, year of most recent permit? _____
If yes, number of permits historically obtained for this property: _____ Total Number
If yes, type of permits historically obtained for this property: _____ Single Family _____ Dwelling Unit (Apartment) _____ Rooming Unit

TYPE AND NUMBER OF RENTAL UNIT

Type of Rental Property: House (Single Family Unit Rental) Apartment _____ Duplex _____ Room or Rooming House _____ Combination (Please Describe): _____ Other (Please Explain): _____
Number of Unit(s): If other than House, please provide number of dwelling units or rooming units: Number of Dwelling Units _____ Number of Rooming Units _____ Number of Utility Meters: Gas: _____ Water: _____ Electric: _____

INSPECTION

Date of Last Inspection: _____

Date of Last Inspection Confirmed by Codes:

Yes No (Initials) _____

Inspection for Initial Application or Renewal

(If an inspection is required for an initial application or renewal)

Date of Scheduled Inspection: _____

Inspector: _____

Appeared for Inspection: Yes No (Initials) _____

Compliance: Yes No (Initials) _____

Date of Reinspection, if necessary: _____

OWNER OCCUPIED

Are any of the units owner occupied? Yes _____ No _____

Are any of the units occupied by an owner's spouse, son, daughter, mother, father, sister or brother? Yes _____ No _____

If yes, number of units so occupied: _____

Units occupied by owner or owner's family as stated above must be indicated on the Tenant Listing.

DOCUMENTATION	APPLICANT CHECKLIST	OFFICIAL USE ONLY COPY PROVIDED
Zoning Permit (attach copy) Permit No: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No
Business Privilege License License No: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No
Articles of Incorporation or Partnership Agreement (when applicable)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Valid Contract or Proof of Participation with Licensed Hauler for Trash Removal		<input type="checkbox"/> Yes <input type="checkbox"/> No
Participation in Reading Recycling Program		<input type="checkbox"/> Yes <input type="checkbox"/> No
Copy of Sample Written Lease		<input type="checkbox"/> Yes <input type="checkbox"/> No
Photograph of Front and Rear of Property		<input type="checkbox"/> Yes <input type="checkbox"/> No
Copy of Floor Plan if Alteration		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Proof of Property Liability Insurance		<input type="checkbox"/> Yes <input type="checkbox"/> No
Current on all City of Reading Taxes, Fees and Municipal Charges		<input type="checkbox"/> Yes <input type="checkbox"/> No
Completed Tenant Listing		<input type="checkbox"/> Yes <input type="checkbox"/> No
Appropriate Fee		<input type="checkbox"/> Yes <input type="checkbox"/> No
Copy of Drivers License		<input type="checkbox"/> Yes <input type="checkbox"/> No
Copy of the Deed to the Property		<input type="checkbox"/> Yes <input type="checkbox"/> No

I hereby verify that the information provided on the within application is true and correct to the best of my knowledge, information and belief.

I understand that false statements herein are made subject to the penalties of 18 Pa.C.S.A. §4904, relating to unsworn falsification to authorities.

I hereby swear and affirm to abide by and adhere to the Codified Ordinances of the City of Reading and any and all applicable Federal or State laws, statutes or regulations.

Signature of Property Owner

Date Submitted

Print Name

If Owner Corporation or Partnership, please indicate office or title held by person completing Application.

Code Office Use Only:

Application Approved _____ Permit Number: _____ Denied _____
Code Official Print Name: _____ Code Official Title: _____
Code Official Signature: _____ Date: _____
Parcel ID # _____