

Honesdale Borough Permit Office
958 Main Street, Honesdale, PA 18431
Telephone Number: 570-647-0091 Fax Number: 570-647-0041

Residential Rental Registration and License Application

Application is being made for the following:

- New Application for Residential Property Rental License Fee \$25.00 PER UNIT
Renewal of Residential Property Rental License Application Fee: \$25.00 PER UNIT

Must Be Renewed on or before JANUARY 1 of Each Year

NEW FEE IS \$25.00 PER UNIT AS PER RESOLUTION #2013-014

License is transferable if the unit is in compliance with all Honesdale Borough Codes. Notification must be made to the Building Code Official **ten (10) days prior to date** requested for transfer. A new license will be issued to the new owner at that time.

Payment to Honesdale Borough must be made prior to license issuance.

Property:

Tax Map Parcel #: _____ Site Location: _____
of Units at Location: _____ Date Property Purchased: _____
of Units at Purchase Date: _____ Current # of Units at Location: _____

Non-Rental Unit Certification: I certify this is not a Residential Rental Unit. Signature: _____
Telephone: _____

Property Owner Information: (If transfer, list new property owner below. In case of partnership or corporation list information on all names of general partners, corporate officers and registered agent.)

Name: , , , _____
Address: _____ Telephone: _____
City State Zip Code: _____

Owner of Record is a Corporation __ Yes __ No Owner of Record is a Partnership __ Yes __ No

If Owner is not a resident of Honesdale Borough and resides beyond 20 miles of Honesdale Borough, please provide authorized agent individual information for acceptance of notices from tenant, to issue receipts therefore, and accept / contract service of process on behalf of the record Owner.

Authorized Agent for Property:

Agent: _____ Telephone: _____
Address: _____ Fax Number: _____
City State Zip Code: _____

Custodian / Janitor or Other Individual to Provide Regular Maintenance Service:

Name: _____ Telephone: _____
Address: _____ Fax Number: _____
City State Zip Code: _____

Current Tenants (attach listing if needed):

Unit #	Tenant Name and Mailing Address	# of Bedrooms	# of Baths
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Owner / Agent Certification: I hereby certify that all the above information is true to the best of my knowledge, and belief. I am aware that if the foregoing information is willfully false, that I am subject to penalties and criminal prosecution.

Owner Signature(s): _____ Telephone: _____

Agent Signature(s): _____ Telephone: _____