

CENTRAL KEYSTONE COUNCIL OF GOVERNMENTS 1610 Industrial Boulevard, Suite 400 A

1610 Industrial Boulevard, Suite 400A Lewisburg, PA 17837

Application for RENTAL UNIT OCCUPANCY LICENSE (New or Renewal).

(Note: A separate Application is needed for EACH BUILDING)

Structure Address:			
Owner Name:			
dress:City/State/Zip			
Owner Phone #:Owner e-ma	Owner e-mail or alternate #:		
Person-in-charge Name: to make decisions in your absence regarding this property. You are req than 30 miles from the Municipality <i>or</i> are not a full-time resident of the Address:	juired to designate a Person-in e Municipality.)	-charge if you	live more
Address:City/State/Zip Phone #: E-mail or alternate #:			
Initial Permit?	office	use only)	
Number of Rooming or Housing Units: Approximate Age of Bldg. (year) Brief Description of Building (e.g., Single, duplex, apt. over retail, etc):			
Number of Bedrooms in each unit*:			
(*please provide a floor plan of the structure on the b	pack of this sheet)		
Frequency of Unit Inspection: (by Owner or Person-in-charge) Weekly Monthly Annually			
Are Smoke Detectors Installed on Each Floor of Each	Unit?	☐ Yes	☐ No
Are Smoke Detectors Installed in EACH Bedroom?		☐Yes	□No
Are Carbon Monoxide detectors installed in all units with a fuel-burning appliance or attached garage?		∐Yes	□No
Are Ground Fault Receptacles (GFCI) installed in Kitch	nen & Bathroom areas?	☐ Yes	☐ No
I, the undersigned, hereby certify that I am the owne applicable laws of this jurisdiction.	er of record and agree to co	onform to a	II
Applicant Signature:	Date:		

Note: The purpose of the Ordinance and inspections is to ensure that all rental units meet minimum safety standards. Any deficiencies will be noted and a reasonable time will be granted to make corrections. A RENTAL UNIT OCCUPANCY LICENSE indicates that the structure complies with your municipality's applicable codes and ordinances.

Phone: 570-522-1328 Toll-Free 1-877-457-9401 Website: www.ckcog.com