



# CENTRAL KEYSTONE COUNCIL OF GOVERNMENTS

1610 INDUSTRIAL BLVD, SUITE 400A  
LEWISBURG, PA 17837

## Application for RENTAL LICENSE (MIFFLINBURG)

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

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

Owner Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Agent Name: \_\_\_\_\_

(An "Agent" is a person authorized to make decisions in your absence regarding this property. An Agent is **required** if you live more than 25 miles from the Borough *or* are not a full-time resident of the Borough.)

Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone #: \_\_\_\_\_

Initial Permit?  Yes  No (Permit # \_\_\_\_\_) *office use only*

Number of Housing Units in the building: \_\_\_\_\_ Approximate Age of Bldg. (year) \_\_\_\_\_

Brief Description of Building (e.g. Single, duplex, wood, brick, etc): \_\_\_\_\_

Length of Ownership: \_\_\_\_\_

Frequency of Unit Inspection: (by Owner or Agent)  Weekly  Monthly  Annually

Are Smoke Detectors Installed on Each Floor of Each Unit?  Yes  No

Are Smoke Detectors Installed in EACH Bedroom?  Yes  No

Ground Fault Receptacles (GFCI) installed in Kitchen & Bathroom areas?  Yes  No

I, the undersigned, hereby certify that I am the owner of record and agree to conform to all applicable laws of this jurisdiction.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please call the office at 570-522-1326 (ext. 3) to schedule an inspection of the unit(s) above. Inspections are performed Monday – Friday, 8:00 am – 2:30 pm.**

PLEASE ENCLOSE A LIST OF OCCUPANTS NAMES OR A COPY OF THE LEASE FOR THIS RENTAL UNIT(S)

**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 License indicates that the structure complies with the Borough's applicable Codes and Ordinances, including Ordinance 2015-02.



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NOTE: If the unit is NOT being offered as a residential rental (e.g. it is a commercial or retail rental, it is maintained for personal use as storage or a second residence, or you are the bill payer for the deeded owner of the unit) please note this below and return to the Central Keystone COG as soon as possible.

Use of structure:

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Return to:

Central Keystone COG  
1610 Industrial Blvd., Suite 400A  
Lewisburg, PA 17837

Fax: 570-522-1327

e-mail: [rkilps@ckcog.com](mailto:rkilps@ckcog.com)

\*Borough Ordinance No. 2015-02 definition:

RESIDENTIAL RENTAL UNIT – any structure, intended for residential occupancy or in which any occupant resides, within the Borough which is not occupied by the owner as determined by the most current deed and for which the owner of said parcel of real estate received *any value* including, but not limited to, money or the exchange of services.