

Old Lycoming Township

REGULATED RENTAL PROPERTY APPLICATION for CERTIFICATE of INSPECTION

(SEPARATE APPLICATIONS ARE REQUIRED FOR EACH *BUILDING*)

Rental Property Address: _____

Owners Name: _____

Owner Phone#: _____ (or contact # for inspections)

Mailing Address: _____

MANAGING AGENT

(An "Agent" is a person authorized to make decisions in your absence regarding this property,
required if you are *not* a full time resident of Lycoming County)

Managing Agent: _____ Phone: _____

Mailing address: _____ (must be a resident of Lycoming County)

Applicant's Signature

Date

YOU MUST NOTIFY THE BOROUGH AND/OR THE CKCOG WITHIN 30 DAYS IF THERE IS A CHANGE IN ANY OF THE ABOVE INFORMATION.

Type of Rental Unit

Single Family Dwelling		Multi-Family Unit Numbering? (i.e. #1, #2, A, B, Up/Down, etc.)
Apartment(s) over Commercial/Retail (#)		
Double – 2 units side by side		
Duplex – 2 units up/down		
Multi-Family - 3 to 6 units		
Multi Family - 7 or more units (# units)		
Other (please explain):		

RETURN TO & MAKE CHECKS PAYABLE TO:



Central Keystone Council of Governments
1610 Industrial Blvd., Suite 400A
Lewisburg, PA 17837
570-522-1326 or 1-877-457-9401 www.ckcog.com

(Office use only)

Permit #		Paid date	
Section/Ward #		Inspection Date	(P/F)
Parcel #		License Issue Date	
Reg. Fee	\$	Prior Code Issues?	