



CENTRAL KEYSTONE COUNCIL OF GOVERNMENTS

1610 INDUSTRIAL BLVD, SUITE 400A
LEWISBURG, PA 17837

BOROUGH OF SELINSGROVE

REGULATED RENTAL PROPERTY REQUEST for INSPECTION

Rental Property Address: _____

(Separate request required for *each building*)

Owners Name: _____

Owner Phone#: _____ (contact for inspections)

Mailing Address: _____

MANAGING AGENT

(Must live within forty (40) miles of the Borough)

Managing Agent: _____ **Phone:** _____

Mailing address: _____

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

Applicant's Signature

Date

Type of Rental Unit(s)

Single Family Dwelling	
Apartment(s) over Commercial/Retail (#)	
Double – 2 units side by side	
Double – 2 units up/down	
Multi-Family - 3 to 6 units	
Multi Family - 7 or more units (# units)	
Other (please explain):	

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**(Office use only)**

|           |    |                     |  |
|-----------|----|---------------------|--|
| Permit #  |    | Inspection Date     |  |
| Fee       | \$ | Pass/Fail           |  |
| Paid date |    | Certificate Issued? |  |
| Parcel #  |    | Notes:              |  |