

**Office Use Only**

G/F Receipt Number \_\_\_\_\_

Date: \_\_\_\_\_

**CITY OF ERIE  
RESIDENTIAL RENTAL REGISTRATION  
Use one form for each building or complex**

**VALID: April 1, 2007 – March 31, 2008**

_____ Zip Code _____			
Rental Unit Street Address _____			
Building name if applicable _____			
Type of Structure:	___ Single Family Dwelling	___ Flat/Duplex	___ Apartment Building
<u>Units Per Structure</u>	<u>Per Unit</u>	<u>Payment Received</u>	<u>Total Cost</u>
_____	\$40.00	On or before March 31, 2007	= \$ _____
_____	\$65.00	April 1 to May 15, 2007	= \$ _____
_____	\$80.00	After May 15, 2007	= \$ _____
_____ Liability Insurance Company	_____ Policy #	_____/_____/_____ Expiration Date	
<u>Rental Units Per Floor</u>	<u>Owner Exemption</u>	<u>Family Exemption</u>	<u>Section 8 Exemption</u>
Basement _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 <sup>st</sup> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 <sup>nd</sup> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 <sup>rd</sup> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 <sup>th</sup> + _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Note: Proof of exemption must be provided at the time of registration.			

**OWNER INFORMATION:** No P.O. Boxes shall be accepted.

\_\_\_\_\_ Name

\_\_\_\_\_ Telephone No.

\_\_\_\_\_ Street Address

\_\_\_\_\_ City, State, Zip Code

\_\_\_\_\_ Cell Phone No.

\_\_\_\_\_ E-Mail:

\_\_\_\_\_ Preferred Method of Contact

**Please complete other side**

**IF THE OWNER IS A TRUST, PARTNERSHIP OR CORPORATION PROVIDE THE FOLLOWING INFORMATION OF THE MANAGING TRUSTEE, PARTNER OR PRESIDENT OF THE CORPORATION:** No P.O. Boxes shall be accepted.

\_\_\_\_\_  
Name Telephone No.

\_\_\_\_\_  
Street Address City, State, Zip Code

\_\_\_\_\_  
Cell Phone No. E-Mail: Preferred Method of Contact

**RESPONSIBLE AGENT INFORMATION:**

A Responsible Agent is defined as a person authorized by the owner to act in his behalf. All Responsible Agents must reside within Erie County, Pennsylvania.

- Owners of Rental Units residing in Erie County *may* designate a Responsible Agent to be named on the Registration/License.
- Owners of Rental Units residing out of Erie County **must designate** a Responsible Agent to be named on the Registration/License. : No P.O. Boxes shall be accepted.

\_\_\_\_\_  
Name Telephone No.

\_\_\_\_\_  
Street Address City, State, Zip Code

\_\_\_\_\_  
Cell Phone No. E-Mail: Preferred Method of Contact

**Your signature attests that on this date:**

1. Each dwelling unit has the appropriate number of operational smoke detectors.
2. Equipment, systems, devices and safeguards required by this code are maintained and are in working order.
3. Undersigned agrees to an interior/exterior inspection by the City of Erie or their designated official.

*By your signature you acknowledge the information provided in this registration is correct and acts as a temporary license to operate. This registration does not deem the property as code compliant or habitable.*

Signature \_\_\_\_\_ Date: \_\_\_\_\_  
Relationship to Owner: \_\_\_\_\_

**Mail or drop-off the application and payment to the City of Erie, Code Enforcement Office,  
Room 407, 626 State Street, Erie PA 16501.  
Checks should be made payable to THE CITY OF ERIE.**