

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, 2008 – March 31, 2009

_____ Zip Code _____
Rental Unit Street Address

Building name if applicable _____

Type of Structure:	___ Single Family Dwelling	___ Flat/Duplex	___ Apartment Building
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<u>Units Per Structure</u>	<u>Per Unit</u>	<u>Payment Received</u>	=	<u>Total Cost</u>
_____	\$40.00	On or before March 31, 2008	=	\$ _____
_____	\$65.00	April 1 to May 15, 2008	=	\$ _____
_____	\$80.00	After May 15, 2008	=	\$ _____

_____ / ____ / ____
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 st _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 nd _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 rd _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 th + _____	<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.**