

OFFICE USE ONLY

G/F Receipt No. _____

Date _____

Check Money Order Cash

**CITY OF ERIE
RESIDENTIAL RENTAL REGISTRATION**

Use one form for each building or complex

VALID: May 16, 2011 – May 15, 2012

_____ Zip Code _____
 Rental Unit Street Address _____
 Building name if applicable _____

Type of Structure:	___ Single Family Dwelling	___ Flat/Duplex	___ Apartment Building
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Rental Units	Fee Category	Fee Per Unit	Payment if Remitted:	Total Cost
_____	Annual Fee	\$40.00	On or before May 15, 2011	\$ _____
_____	Annual Fee	\$65.00	May 16 to June 30, 2011	\$ _____
_____	Annual Fee	\$80.00	After June 30, 2011	\$ _____
_____	New Ownership	\$40.00	Within 60 days of Sale, Transfer or Construction of Rental Unit(s)	\$ _____
_____	New Ownership	\$80.00	After 60 days of Sale, Transfer or Construction of Rental Unit(s)	\$ _____

_____ / ____ / ____
 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

Does this property have accessible* unit(s)? Yes? No?
*** Accessible = A building, facility or portion thereof that complies with Disabilities Act (ADA)**

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: _____

Checks should be made payable to THE CITY OF ERIE.

Mail rental registration form and payment to:
City of Erie Rental Registration Office - Lobby 626 State St. Erie, PA 16501