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

VALID: May 15, 2015 – May 15, 2016 -- "2015 Registration Year"

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

Type of Structure:	<input type="checkbox"/> Single Family Dwelling	<input type="checkbox"/> Flat/Duplex	<input type="checkbox"/> 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, 2015	\$ _____
_____	Annual Fee	\$65.00	May 16 to June 30, 2015	\$ _____
_____	Annual Fee	\$80.00	After June 30, 2015	\$ _____
_____	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)	\$ _____

Is this property insured? YES [] or NO []

<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 – Room 100 626 State St. Erie, PA 16501