



North Wales Borough
300 School Street
North Wales, PA 19454
Phone: 215-699-4424
Fax: 215-699-3991
www.northwalesborough.org

ANNUAL RENTAL REGISTRATION FORM

For Official Use Only:

Permit Fee: _____ Date Received: ____/____/____
Form of Payment: _____ Received by: _____

Registration Fee: \$50.00 Per Dwelling/Unit

Please print or type all information. Registration WILL NOT be processed if it is not completed entirely.

SECTION 1: Property Information

Address of Property: _____

SECTION 2: Rental Classification/Use Group Information. Please indicate the present occupancy type/use group. (If the building is mixed use, mark all the appropriate classification/use groups).

1. Single-Family Dwelling
2. Two-Family Dwelling
3. Apartment/Condominium Building, # of Units _____
4. Other _____

Does the owner/tenant intend a change in occupancy classification/use group? Yes No

(If yes, please provide description of the proposed new use) _____

SECTION 3: Owner Information

Name(s): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

E-mail Address: _____

SECTION 4: Is the owner a Corporation or LLP? Yes No
If NO, proceed to Section 5, If YES, provide the following information:

Name(s): _____
Chief Operating Officer(s): _____
Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ Cell Phone: _____
E-mail Address: _____

SECTION 5: Tenant Information. Must be completed for all tenants/units.

Tenant Name(s): _____ Unit #: _____
Tenant Name(s): _____ Unit #: _____
Tenant Name(s): _____ Unit #: _____
Tenant Name(s): _____ Unit #: _____
Tenant Name(s): _____ Unit #: _____

(Attach separate sheet of paper if necessary)

Application is hereby made to the Borough of North Wales for approval to use and occupy the aforementioned location. I agree to comply with the rules and regulations of “Chapter 92, Apartment Registrations”, as amended from time to time and all other laws, ordinances, rules and regulations of the Borough of North Wales and the Commonwealth of Pennsylvania. I grant permission to the Borough of North Wales to conduct inspection(s) of the property to ensure compliance with the rules and regulations of “Chapter 159, Property Maintenance Code”, as amended from time to time (Section 92-5). I will not occupy or allow occupancy of any land, structure or building other than for the uses stated and by the persons listed. If there is a change to the occupants of the property, the Borough must be notified within fourteen (14) days of the change in occupancy (Section 92-4.B).

PLEASE NOTE: The applicant is responsible for paying the registration fee(s) and scheduling the necessary inspection(s) with the Borough.

Owner or Officer’s Name (please print)

Owner or Officer’s Signature

Date

TO BE COMPLETED BY THE BOROUGH

Date of Inspection: _____ Unit: _____ of _____ Total Units

Property Address: _____

Maximum Occupancy	Pass	<input type="checkbox"/>	Fail	<input type="checkbox"/>	_____
Interior Stairs/Handrails	Pass	<input type="checkbox"/>	Fail	<input type="checkbox"/>	_____
Ceilings/Floors	Pass	<input type="checkbox"/>	Fail	<input type="checkbox"/>	_____
Smoke Detectors	Pass	<input type="checkbox"/>	Fail	<input type="checkbox"/>	_____
Carbon Monoxide Detectors	Pass	<input type="checkbox"/>	Fail	<input type="checkbox"/>	_____
Locking Devices on Doors	Pass	<input type="checkbox"/>	Fail	<input type="checkbox"/>	_____
Fire Extinguishers	Pass	<input type="checkbox"/>	Fail	<input type="checkbox"/>	_____
Required Mean of Egress	Pass	<input type="checkbox"/>	Fail	<input type="checkbox"/>	_____
Clothes Dryer Vented	Pass	<input type="checkbox"/>	Fail	<input type="checkbox"/>	_____
Sanitary Toilets/Sinks	Pass	<input type="checkbox"/>	Fail	<input type="checkbox"/>	_____
Electrical	Pass	<input type="checkbox"/>	Fail	<input type="checkbox"/>	_____
GFI Receptacles	Pass	<input type="checkbox"/>	Fail	<input type="checkbox"/>	_____
Cooking Range	Pass	<input type="checkbox"/>	Fail	<input type="checkbox"/>	_____
Heater/Water Heater	Pass	<input type="checkbox"/>	Fail	<input type="checkbox"/>	_____
Sump Pump	Pass	<input type="checkbox"/>	Fail	<input type="checkbox"/>	_____
Back Flow Preventer	Pass	<input type="checkbox"/>	Fail	<input type="checkbox"/>	_____
House Number	Pass	<input type="checkbox"/>	Fail	<input type="checkbox"/>	_____
Foundation	Pass	<input type="checkbox"/>	Fail	<input type="checkbox"/>	_____
Chimney	Pass	<input type="checkbox"/>	Fail	<input type="checkbox"/>	_____
Exterior Stairs/Rails	Pass	<input type="checkbox"/>	Fail	<input type="checkbox"/>	_____
Doors/Windows	Pass	<input type="checkbox"/>	Fail	<input type="checkbox"/>	_____
Roof Drains/Gutters/Downspouts	Pass	<input type="checkbox"/>	Fail	<input type="checkbox"/>	_____
Accessory Structures/Fences	Pass	<input type="checkbox"/>	Fail	<input type="checkbox"/>	_____
Weeds/Overgrowth	Pass	<input type="checkbox"/>	Fail	<input type="checkbox"/>	_____
Trash/Debris/Combustibles	Pass	<input type="checkbox"/>	Fail	<input type="checkbox"/>	_____
Sidewalks/Curbs/Driveways/Parking	Pass	<input type="checkbox"/>	Fail	<input type="checkbox"/>	_____

Passed Inspection	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Re-inspection Required	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Inspector: _____

Signature: _____