

# Borough of Matamoras

10 Avenue I  
Matamoras, Pennsylvania 18336  
570-491-2771



1905

## APPLICATION FOR ANNUAL RENTAL LICENSE

*RENEWAL APPLICATIONS MUST BE SUBMITTED AT LEAST 30 DAYS PRIOR TO THE LICENSE EXPIRATION*

### PROPERTY INFORMATION:

PROPERTY ADDRESS: _____	TAX PARCEL #: _____
SINGLE FAMILY DWELLING	SQ FT: _____ # BEDROOMS: _____ # BATH: _____
TWO-FAMILY DWELLING	SQ FT. UNIT 1: _____ # BEDROOMS: _____ # BATH: _____
	SQ FT. UNIT 2: _____ # BEDROOMS: _____ # BATH: _____
MULTI-FAMILY DWELLING, # OF UNITS:	3 SQ FT. _____ # BEDROOMS: _____ # BATH: _____
YEAR UNIT WAS ESTABLISHED AS A A RENTAL UNIT: _____	4 SQ FT. _____ # BEDROOMS: _____ # BATH: _____
	5 SQ FT. _____ # BEDROOMS: _____ # BATH: _____
RECEIVED A NON-CONFORMING CERTIFICATE (ATTACH A COPY)	6 SQ FT. _____ # BEDROOMS: _____ # BATH: _____

MUST INCLUDE A COPY OF TAX BILL AND CURRENT PROPERTY CARD FROM TAX ASSESSOR

### PROPERTY OWNER'S INFORMATION: (print legible)

PIKE CTY. ASSESSMENT OFFICE-(570)296-5936  
M-F 8:30-4:30, 506 BROAD STREET, MILFORD PA

**RENEWAL** (CHECK THE RENEWAL BOX IF INFORMATION HAS NOT CHANGE FROM PREVIOUS YEAR, PROCEED TO NEXT SECTION)

OWNER'S NAME: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_  
*IF PROPERTY IS OWNED BY A CORPORATION PROVIDE THE CORPORATION'S OFFICERS/OWNERS INFORMATION ON SEPARATE SHEET.*

HOME ADDRESS (NO PO BOX): \_\_\_\_\_

CITY, STATE & ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

All property owners who reside more than 20 miles from the rental property must designate a Local Agent who resides within 20 miles of the property and is at least 21 years old. Please complete the information below if you reside more than 20 miles from the rental property. Any change in Local Agent shall be reported to the Borough Office within 15 days.

**RENEWAL** (CHECK THE RENEWAL BOX IF INFORMATION HAS NOT CHANGE FROM PREVIOUS YEAR)

AGENT'S NAME: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

ADDRESS (NO PO BOX): \_\_\_\_\_

CITY, STATE & ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

I HEREBY CERTIFY THAT THE FOREGOING STATEMENTS MADE BY ME ARE TRUE. I AM AWARE THAT IF ANY OF THE FOREGOING STATEMENTS MADE BY ME ARE WILLFULLY FALSE, I MAY BE SUBJECT TO PENALTIES.

\_\_\_\_\_  
SIGNATURE OF PROPERTY OWNER/LANDLORD

\_\_\_\_\_  
PRINT NAME OF PROPERTY OWNER/LANDLORD

\_\_\_\_\_  
DATE