

For Office Use Only:

License Number:

Payment:

CLEONA BOROUGH

Residential Rental Unit License Application

Rental Unit Address: _____ Apt./Room: _____
(Please complete a separate application for each rental unit)

Dwelling Type: Single family Duplex Apartment Townhouse Other: _____ (circle one)

Total number of tenants in the residential unit: _____

Total number of off street parking spaces at this address: _____

Owner Name: _____ Phone: _____

Owner Address: _____ Cell Phone: _____

Does Owner live more than 30 miles from the Borough of Cleona? Yes No (circle one)

(If yes, then agent or manager contact information must be provided as per Borough Ordinance #292)

Agent Name: _____ Phone: _____

Agent Address _____ Cell Phone: _____

This application is for the licensing of a residential rental unit as required by ordinance #292. Issuance of a Residential Rental Unit License does not indicate that the residential rental unit is in compliance with Borough Ordinances and/or any other applicable codes.

By signing this application, I certify that all facts in the application are true and correct. This application is being made by me to induce official action on the part of Cleona Borough and I understand that any false statements made herein are subject to the penalties of 18 Pa.C.S.A. 4904, relating to unsworn falsification to authorities.

Date: _____

Signature: _____

140 West Walnut Street, Cleona, PA 17042

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www.cleonaborough.org