



**ORDINANCE NO. 2010-02
Resolution #703**

2014

THE MAIN PURPOSE OF THIS ORDINANCE IS TO PROVIDE FOR THE UNIFORM AND EQUAL DISTRIBUTION OF THE TAX LEVIES OF THE BOROUGH ON OUR RESIDENTS AND TO PROMOTE THE HEALTH, SAFETY, MORALS, AND GENERAL WELFARE OF OUR RESIDENTS.

IN CASE OF MARRIED OR UNMARRIED COUPLES RESIDING IN A PROPERTY IT IS NECESSARY TO REPORT **ALL PARTIES** FULL NAMES. PLEASE SPECIFY THE APARTMENT NUMBER AS THIS IS EXTREMELY IMPORTANT FOR MAILING PURPOSES.

Property Owners Name: _____ **Date:** _____

Property Agent(s) and contact Phone number: _____

Owners Address: _____

Mailing Address (If Different from above) _____

Phone Number: _____

Rental Property Address: _____

Date of Occupancy _____ **Number of Occupants** _____

_____ ****Copy of Paid Property tax for above Rental Address**

_____ **** A Copy of the Property Insurance Policy showing FIRE Insurance coverage and \$75,000.00 min. LIABILITY coverage on Rental Property is REQUIRED****

_____ ****Copy of Paid Sewer Bill for Rental Address**

2014 REGISTRATION

Landlord/Owner Name-_____

Rental Property (ies)-

- | | |
|-----------|-----------|
| 1. _____ | 11. _____ |
| 2. _____ | 12. _____ |
| 3. _____ | 13. _____ |
| 4. _____ | 14. _____ |
| 5. _____ | 15. _____ |
| 6. _____ | 16. _____ |
| 7. _____ | 17. _____ |
| 8. _____ | 18. _____ |
| 9. _____ | 19. _____ |
| 10. _____ | 20. _____ |

TAX COPIES RECEIVED_____

NOTES: _____

PROPERTY INSURANCE-_____ **YES** _____ **NO**

NOTES: _____

SEWER BILL(S) RECEIVED_____

NOTES: _____

TENANT CHANGES_____ **YES** _____ **NO**

FEE \$50.00 REGISTRATION PER RENTAL UNIT

DATE_____ **CHECK#**_____ **CASH/OTHER**_____

| Prospective Tenant(s) | Date of Birth | Drivers License # or ID |
|-----------------------|---------------|-------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Tenants **Former** Address _____

Tenants Telephone Contact Number _____

Copy of Paid Personal Tax Bill _____

ALL INFORMATION REQUEST FIELDS ARE REQUIRED TO BE FILLED OUT, ANY AREAS LEFT BLANK MAY RESULT IN DENIAL OF APPLICATION & PERMIT.



ORDINANCE NO 2010-02

ANNUAL RENTAL REGISTRATION

PROPERTY OWNER NAME: _____

PROPERTY OWNERS ADDRESS: _____

Mailing address/ if different from above _____

PROPERTY OWNERS PHONE # _____

EMAIL ADDRESS _____

PROPERTY AGENT (IF APPLICABLE) _____

AGENT'S MAILING ADDRESS _____

AGENTS PHONE NUMBER _____

_____ NUMBER OF RENTAL UNITS LOCATED WITHIN BOROUGH LIMITS

PLEASE LIST THE ADDRESS OF EACH RENTAL UNIT

Owner/Agent Signature _____ DATE _____

AMOUNT OF PAYMENTS\$ _____ Received by _____

DATE PAID _____

EXPIRATION DATE _____

PROPERTY OWNER _____

YEAR REGISTERED _____

TOTAL NUMBER OF UNITS _____

**KULPMONT BOROUGH
860 SPRUCE STREET
KULPMONT PA 17834
Borough Office 570-373-1521
Borough Code Office 570-373-1555
FAX 570-373-1538**

**THIS CERTIFIES THAT THE INSPECTION OF _____
OWNED BY _____ HAS BEEN COMPLETED IN
ACCORDANCE WITH ORDINANCE 2010-02 BY THE PROPER BOROUGH
OFFICIALS AND MAY BE OCCUPIED AS AN UNIT. THIS CERTIFICATE
MAY BE WITHDRAWN AND THE BUILDING CLOSED FOR FAILURE TO
MAINTAIN AND OPERATE THIS BUILDING IN COMPLIANCE WITH
KULPMONT BOROUGH ORDINANCE 2010-02.**

RUSSEL MOROZ

INSPECTION COMPLETED

BOROUGH OF KULPMONT

DATE INSPECTION WAS DONE - _____

DATE THE PERMIT WAS PAID FOR - _____