



TENANT OCCUPIED PROPERTY LICENSE APPLICATION
(MULTI-FAMILY DWELLING)

PROPERTY ADDRESS _____

IF THE OWNER OR OPERATOR ARE AN LLC YOU MUST DESIGNATE A RESPONSIBLE PARTY FOR SERVICE

OWNER:

NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____
PHONE # _____ CELL PHONE # _____
EMAIL ADDRESS _____

OPERATOR:

NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____
PHONE # _____ CELL PHONE # _____
EMAIL ADDRESS _____

INSURANCE INFORMATION:

INSURANCE COMPANY _____
POLICY NUMBER _____ EXPIRATION DATE _____
AMOUNT OF COVERAGE ON THE BUILDING _____

FEES:

TOTAL NUMBER OF APARTMENTS AND/OR ROOMING UNITS
LICENSE FEE AT \$75.00 FOR EACH UNIT ABOVE
INSPECTION FEE AT \$75.00 FOR EACH UNIT ABOVE (IF NOT INSPECTED WITHIN 2 YEARS)
IF ONE UNIT IS OWNER OCCUPIED DEDUCT \$150.00
TOTAL FEES DUE WITH THIS APPLICATION

ALL FEES ARE NON-REFUNDABLE AND DUE AT TIME OF APPLICATION. WE DO NOT PARTICIPATE IN PAYMENT PLANS. MAKE CHECKS PAYABLE TO:

City of York
Permits, Planning and Zoning
101 S George Street
P.O. Box 509
York, Pennsylvania 17405

I hereby make application for the tenant occupied multifamily dwelling license for the above property. I understand that the license for this property will not be issued until the property has been inspected and meets the inspection criteria of the Property Maintenance Code of the City of York, Pennsylvania as well as all other Codified Ordinances of the City of York.

APPLICANT'S SIGNATURE _____

INCOMPLETE/ILLEGIBLE APPLICATIONS WILL NOT BE ACCEPTED