

**The City of York  
Pennsylvania**

Honorable Michael Ray Helfrich, Mayor



**Economic and Community Development**

101 South George Street  
York, PA 17401  
www.yorkcity.org

**Multiple-Family Tenant Occupied Property License Application**

*IF THE OWNER/OPERATOR ARE AN LLC, A RESPONSIBLE PARTY FOR SERVICE MUST BE DESIGNATED*

**PROPERTY ADDRESS:**

**Owner:**

**Owner's Address:**

CITY  STATE  STREET ZIP CODE **Email:**

**Phone:**  **Cell Phone:**  **Fax:**

**Operator:**

**Operator's Address:**

CITY  STATE  STREET ZIP CODE **Email**

**Phone:**  **Cell Phone:**  **Fax:**

**Insurance Company:**

**Policy Number:**  **Expiration Date:**  **Coverage Amount:**

**FEES DUE:**

**Number of Dwelling/Rooming Units:**

**License Fee @ \$75:00 Per Unit:**

**Inspection Fee @ \$75:00 Per Unit:**

**Total Due:**

All fees are **NON-REFUNDABLE** and due at the time of application. We do not participate in payment plans for license and inspection fees. Checks should be made payable to: **CITY OF YORK**. Applications should be submitted to the Bureau of Permits, Planning and Zoning, 101 S. George Street, PO Box 509, York, PA 17405

I hereby make application for a tenant occupied property 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 all applicable codes and standards related to tenant occupied properties.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

***INCOMPLETE/ILLEGIBLE APPLICATIONS WILL NOT BE ACCEPTED***

**OFFICIAL USE ONLY**

RECEIVED STAMP

APPLICATION COMPLETE/LEGIBLE

ENTERED INTO PROPERTY LICENSE PROGRAM DATE:  BY:

INSPECTION REQUIRED  INSP SCHEDULED INSP DATE:

**ZONING:**  APPROVED  DENIED BY:  DATE: