

****Shaded areas are required information****

License#:

TOWNSHIP OF LOWER MERION
Building & Planning Department
APPLICATION FOR RESIDENTIAL RENTAL UNIT LICENSE

In accordance with Chapter 92 of the Lower Merion Township code, I hereby make an application for a license for a Residential Rental Unit.

ADDRESS OF RENTAL PROPERTY: _____

Number of Units: _____

Unit #/Apartment#: _____ **Town:** _____

NAME OF OWNER(S): _____

Owner's address: _____

City: _____ **State:** _____ **Zip:** _____

Telephone#: _____ **Cell#:** _____

E-mail address: _____

Name of Agent if applicable: _____

Agent's Address: _____

City: _____ **State:** _____ **Zip:** _____

Agent must be a resident or maintain a place of business in Lower Merion Township. If you do not reside in Lower Merion Township, one of the tenants may serve as the agent.

Telephone#: _____ **Emergency #:** _____

E-Mail Address: _____

License renewal application and license should be mailed to: Owner or Agent

Name of Caretaker: _____ **Telephone #:** _____

(required in apartment buildings with more than 45 units)

Heating Contractor: _____ **Telephone #:** _____

Name of Tenants (use separate page, if necessary)

If any of the tenants are students, this property must comply with Lower Merion Township's Zoning Ordinance. Please indicate if any of the Tenants are students. (Use a separate page, if necessary).

Property is no longer rented. _____ (Owner's/Agent Signature)

VERIFICATION

_____ [applicant's name (print)] verifies that the statements in this application are true and correct to the best of his/her knowledge, information and belief and are made subject to the penalties of 18 PA. C.S.A. Section 4904 relating to unsworn falsification to authorities.

Date

Applicant's Signature & Title

Township of Lower Merion use only

Amount received \$ _____

Receipt number _____

Effective Renewal Date: _____

Expiration date: _____