



# Manheim Borough

15 East High Street Manheim, PA 17545  
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**3 YEAR APPLICATION**

For Borough use only

Insp Date: \_\_\_\_\_

Date Paid: \_\_\_\_\_

Check # \_\_\_\_\_

Initials: \_\_\_\_\_

Your Inspection is YEAR 3

## 2021 RENTAL INSPECTION APPLICATION

Annual Occupancy  
Current Yes No  
Above for Borough Use Only

**A separate application shall be filled out for each unit.** To save time, if there are multiple Units, we recommend that you fill out all of the common information, copy the form and then complete the remaining information specific to that Unit. We require one application submitted per Unit because each Unit has a separate file in our system. Additional forms may be printed from online at [www.manheimboro.org](http://www.manheimboro.org)

Inspection Address \_\_\_\_\_

Total Units on Property \_\_\_\_\_ Which Unit? is Due for Inspection \_\_\_\_\_ Fee Due \$60.00 per unit  
*\*\*Reason for Inspection\*\**

**3 Year Inspection** \_\_\_Y\_\_\_ N **Change of Tenant** \_\_\_Y\_\_\_ N **New Ownership** \_\_\_Y\_\_\_ N

Person who will be present for inspection \_\_\_\_\_

Their Phone No. \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_

Owner/Agent/Contact \_\_\_\_\_ Other; please identify \_\_\_\_\_  
**PLEASE CIRCLE ONE**

→ **Send** the Inspection Certificate to the Owner or Agent? \_\_\_\_\_

**All Owner information shall be filled out completely** Same as Above \_\_\_\_\_

Owners Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

E-mail \_\_\_\_\_

If the property owner lives in one of the units, that unit is exempt from an inspection. In certain circumstances, a current license or other photo ID with their address shall provide proof.

1. All shared common areas will be inspected; interior and exterior.
2. Access will be required into basements regardless if it is available to the tenant or not.
3. Tenants must be notified per the Tenant/Landlord Laws in order to gain access into their unit.
4. The person present for the inspection must be an adult over the age of 18.
5. Aggressive dogs need to be crated or kept on a secure leash during the inspection.

Please provide the application and required fee (\$60.00 per Unit) to Manheim Borough Codes at the address shown in the heading. If you have multiple Units the total fee amount may be put on the same check. Someone will contact you after the information is received to schedule or confirm an inspection date and time. If you prefer a certain date/time please specify below and every effort will be made to accommodate you. **Applications are to be completed and submitted BEFORE October 15 of the current year.**

Scheduling hours for inspections are Monday thru Thursday from 8 am until 3 pm.

**Preferred Date & Time** \_\_\_\_\_

Please contact this office a minimum of 24 hours prior to the inspection should you need to **cancel** an appointment; if you are running late for the appointment, please notify the front office desk asap at 717-665-2461.

**Unit Information**; please check all that apply

Living Room \_\_\_\_\_

Dining Room \_\_\_\_\_

Kitchen \_\_\_\_\_

No. of Bedrooms \_\_\_\_\_

No. of Bathroom \_\_\_\_\_

Garage \_\_\_\_\_ Y \_\_\_\_\_ N Does the tenant have access? \_\_\_\_\_ Y \_\_\_\_\_ N

Basement \_\_\_\_\_ Y \_\_\_\_\_ N Does the tenant have access? \_\_\_\_\_ Y \_\_\_\_\_ N

Attic \_\_\_\_\_ Y \_\_\_\_\_ N Does the tenant have access? \_\_\_\_\_ Y \_\_\_\_\_ N

Use of Attic \_\_\_\_\_

How is the attic space used? Storage, bedroom, playroom etc.

**Full name of the Tenant responsible for maintaining the Unit per PM Code Section 302.1:**

\_\_\_\_\_ He/She must be on the lease and reside in the Unit.

“All exterior property & premises shall be maintained in a clean, safe and sanitary condition. The OCCUPANT shall keep that part of the exterior property which the Occupant occupies or controls in a clean & sanitary condition”. \*Notices may also be sent directly to the tenant in certain circumstances.

**Rooming/Boarding House** – Please submit one application per 5 rooms or portion thereof

Total No. of Rooms \_\_\_\_\_ Inspecting rooms \_\_\_\_\_ thru \_\_\_\_\_ on this application

No. of Bathrooms \_\_\_\_\_ Kitchen \_\_\_\_\_

Cooking permitted in the rooms \_\_\_\_\_ Y \_\_\_\_\_ N

**Forms shall be filled out completely or a notice and a copy of the original form will be sent to you defining why the form is being returned. You may return that copy with the information needed to be filled out. No appointments may be scheduled until all of the required information and fee is provided.**

**INSPECTION APPLICATIONS SHALL BE SUBMITTED BEFORE OCTOBER 15 OF THE CURRENT YEAR**

*I certify that the above information is true and correct to the best of my knowledge and belief.*

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Please fill this form out completely; we update our records with the information you provide...