

For official use only:

Rental property address: _____

Inspection date and time: _____

Annual occupancy current: Yes No

Inspection year: _____

Unit: _____

Check #: _____

Acct#: _____

**Manheim Borough**

15 East High Street, Manheim, PA 17545

Phone 717-665-2461 / Fax 717-665-7324

Rental Inspection Application

(Enter current year) _____

Instructions: This application is required to be submitted for each unit at a property per our rental property ordinance s/s Chapter 166. A digital copy of this form can be found on our website; www.manheimboro.org. This application must be completed in its entirety. The **inspection process** must be completed by December 31st of the current year. This form shall be filled out completely and accompanied by the payment or it will be returned. If you chose to make an online payment, please note it on this application.

Rental inspection fee per unit: \$60.00

Property Address: _____

Total number of units: _____ Unit to be inspected: _____

Reason for inspection: (check one)

3 Year Inspection-

Change of Tenant-

Change of Ownership-

**Owner information:**

Owner's name: _____

Phone: _____

Address (If a _____

E-mail: _____

P.O. Box, include _____
physical address): _____**Property manager or agent information:** (if different than owner)

Name of person or entity responsible: _____

Address: _____

Phone: _____ E-mail: _____

Send the inspection certificate to; (circle one) Owner / Agent**Preferred inspection date & time:** _____

(Inspections are completed Monday through Thursday between 8 AM and 3 PM)

Unit Information: (check or fill in all that apply)

Living Room: _____ Dining Room: _____ Kitchen: _____ Attic: _____

No. of Bedrooms: _____ No. of Bathroom: _____ Garage: _____ Basement: _____

Primary tenant(s) on the lease: _____**Rooming/Boarding House –** (Please submit one application for every 5 rooms.)

Total No. of Rooms: _____ Rooms: _____ thru _____

No. of Bathrooms: _____ Kitchen: _____

Cooking permitted in the rooms: Y / N

By signing below, you certify that the above information is true and correct to the best of your knowledge.

Signature: _____ Date: _____

Printed Name: _____