



\$60.00 per unit

# BOROUGH OF APOLLO

P.O. Box 306 • Apollo, PA 15613 • Phone 724-478-4201 • Fax 724-478-4923 • boroughmanager@apollopa.net

## APPLICATION FOR RENTAL OPERATING PERMIT

DATE: \_\_\_/\_\_\_/\_\_\_

Name of Owner or Designated Agent: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No. (\_\_\_\_) \_\_\_\_\_

Location of Rental Property: \_\_\_\_\_

No. of units: \_\_\_\_\_

Type of Units:     Single Family     Two Family     Multiple Family

Do you own other rental units within the Borough:  Yes     No

If yes, list the address (es): \_\_\_\_\_

STATEMENT OF APPLICANT: I hereby certify that the information on this application is true, correct and complete to the best of my knowledge, information and belief. I further certify that I agree to adhere to any and all provisions of the 2003 Edition of the International Property Maintenance Code, as amended, where applicable, under issuance of this Rental Operating Permit, and further agree that failure to do so shall constitute a violation of this permit, rendering it null and void, upon receipt of notification to that effect, in writing, from the Rental Inspector or duly authorized agent of the Borough of Apollo. I understand that false statements made herein are subject to the penalties of 18 Pa. C.S. § 4904 relating to unsworn falsification to authorities.

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
*Date*

### FOR OFFICIAL USE ONLY

FEE PAID: \_\_\_\_\_

CHECK NO.: \_\_\_\_\_

DATE PAID: \_\_\_/\_\_\_/\_\_\_

FEE RECEIVED BY: \_\_\_\_\_

DATE PERMIT ISSUED: \_\_\_/\_\_\_/\_\_\_

\_\_\_\_\_  
*Rental Inspector's Signature*