



BOROUGH OF APOLLO

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