



**RESIDENTIAL PROPERTY
RENTAL LICENSE &
INSPECTION APPLICATION**

City of Wilkes-Barre
Attn: Health Department / Rental
Inspection 3rd Floor
40 E. Market St.
Wilkes-Barre, PA 18711
Phone: 570-208-4268

1. Property Address		City	State	Zip Code
Account Number	Number of Units	Business Privilege License Number:	Trash Hauler	
Phone		Email		
2. Property Owner <i>(All property owners with greater than 10% ownership interest must be listed. Provide additional attachment as needed).</i>				
Address <i>(P.O. Boxes not acceptable)</i>		City	State	Zip Code
Phone	Mobile	Email		
3. Agent / Property Manager				
Address		City	State	Zip Code
Phone	Mobile	Email		
4. Tenant Name	Unit Number	Total Number of Unit Occupants		
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5. Property Owner Certification				
<p><i>By signing the application, I am certifying that I am the property owner or the authorized agent to sign on behalf of the owner. I understand that falsifying information can result in having the rental license application denied and the property will not be licensed to rent. I am aware of and intend to comply with the City of Wilkes-Barre Uniform Construction Code, the Municipality's Recycling Ordinance, and the Municipality's ordinances regarding weeds, litter, and snow removal. I affirm under penalty of perjury that the information in this application is true to the best of my knowledge and belief. I also understand that if there are changes in the property ownership, address, or emergency contact information that I must notify the City of Wilkes-Barre Department of Health within ten (10) days of said change. Additionally, I acknowledge that I must notify the Health Department in writing within sixty (60) days of any changes in tenants. I also understand a penalty can be assessed in a civil citation if the property is not licensed.</i></p>				
Authorized Signature		Date		
BPT LICENSE NUMBER PROVIDED	LAST INSPECTION DATE	APPLICATION APPROVED		

PLEASE BE SURE TO READ THE INFORMATION AND COMPLETE THE APPLICATION PER THE INSTRUCTIONS