



**DEPARTMENT OF LICENSING, INSPECTIONS AND PERMITS**

CITY HALL • 340 NORTH WASHINGTON AVENUE • SCRANTON, PENNSYLVANIA 18503 • PHONE: 570-348-4193 • FAX: 570-348-4171

John Doe  
123 Alpha Street  
Scranton, Pa 18505

Dear Property Owner:

The City of Scranton, Licensing and Inspections Rental Registration Department is in the annual process of registering all residential rental units in the City of Scranton pursuant to File of Council No. 58 of 2016 and File of Council No.2 of 2018. Any person who owns a residential rental unit (s) is required to have the property registered with the City's Rental Registration Department found in the Licensing, Inspections and Permits Department. An application has been enclosed for your convenience.

Rental unit (s) must be registered annually. If you are registering and paying all fees on or before June 30, 2018, you are required to pay \$50.00 per occupied unit. If you are registering and paying all fees between July 1, 2018 and August 31, 2018, you are required to pay \$75.00 per occupied unit. If you are paying after August 31, 2018, you are required to pay \$100.00 per occupied unit.

If a unit is unoccupied, you are not required to pay the fee for that unit. If the unit becomes occupied during the license year, the cost of the license shall be \$50 if paid within 90 days of occupancy, \$75 if paid within 180 days of occupancy, and \$100 thereafter.

If you are unsure of the amount due, please contact our office for assistance.

Please note that the following are exempt from these registration requirements:

1. Residential rental units occupied by immediate members of the owner's family provided that not more than two (2) unrelated individuals, in addition to the immediate members of the owner's family, occupy the dwelling at any given time; (Family is defined as the parent or child of the owner.)
2. A residential treatment hospital or facility;
3. A drug, alcohol, or other dependency treatment facility, halfway house;
4. A nursing, physical therapy, or assisted living facility;
5. Hotels, motels, and bed-and-breakfast facilities;
6. A community/group home facility licensed by the Pennsylvania Department of Public Welfare;
7. A facility owned and operated by the Scranton Housing Authority; and
8. An apartment or single family home where the occupant is a child or parent of the residence.
9. A rental unit in a double or duplex home or two (2) units on one deed which is occupied by the owner of the double or duplex home or (2) units on one deed.

Please fully complete this enclosed application, along with a Check or Money Order made payable to City of Scranton and send to:

City of Scranton Rental Registration  
Department of Licensing, Inspections, and Permits  
340 North Washington Avenue  
Scranton, PA 18503

**Failure to comply with registering your rental property/unit(s) may result in closure of your rental unit(s) due to violation of the City Ordinance, and/or legal action from a collection agency.**

It is the duty of every owner/landlord to keep and maintain all rental units in compliance with all applicable laws and regulations of the Commonwealth of Pennsylvania and Ordinances of the municipality of Scranton, and to keep such property in a good and safe condition.

The City of Scranton is committed to granting reasonable accommodations to its rules, policies, practices, or services when such accommodations may be necessary to afford people with disabilities the equal opportunity to use and enjoy their dwellings or common areas. For a copy of the complete copy of the City's Reasonable Accommodation Policy, please contact the Department of Licensing, Inspections, and Permits.

If you should have any questions or concerns, or you feel that you have received this notice in error, please contact the RENTAL REGISTRATION DEPARTMENT in the Licensing, Inspections and Permits Department at 570-348-4193, extension 4525 or 4523. Thank You.

Respectfully,

*Patrick L. Hinton*

Patrick L. Hinton  
Director/BCO  
Licensing, Inspections & Permits



2018

CITY OF SCRANTON  
APPLICATION FOR RENTAL REGISTRATION  
PURSUANT TO FILE OF THE COUNCIL NO. 58 OF 2016

Please be advised that the Application will not be processed unless all requested information is provided.

ADDRESS OF RENTAL UNIT: \_\_\_\_\_

Tax Map No: \_\_\_\_\_

Number of Units: \_\_\_\_\_

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2. A residential treatment hospital or facility;
3. A drug, alcohol, or other dependency treatment facility, halfway house;
4. A nursing, physical therapy, or assisted living facility;
5. Hotels, motels, and bed-and-breakfast facilities;
6. A community/group home facility licensed by the Pennsylvania Department of Public Welfare;
7. A facility owned and operated by the Scranton Housing Authority; and
8. An apartment or single family home where the occupant is a child or parent of the residence.

If one of the above exemptions applies to your rental property, please briefly describe below and sign your name at the end of the application.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Owner: \_\_\_\_\_

Work/Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

If Business, Person of Contact: \_\_\_\_\_

City Ordinance requires a local agent be hired by the property owner if owner does not live within a (20) mile radius of the City. Does the owner reside within a twenty (20) mile radius of the City of Scranton? (Check one.)

\_\_\_\_\_ Yes, Owner's address is: \_\_\_\_\_

\_\_\_\_\_ No, please provide:

Name of Agent: \_\_\_\_\_

Work/Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Agent's Contact Person: \_\_\_\_\_

You must be in compliance with the following prior to issuance of a Rental Registration Certificate. Please check all that apply:

Real Estate Taxes are paid in full and up to date: \_\_\_\_\_ Yes \_\_\_\_\_ No

Waste Disposal fees are paid up to date: \_\_\_\_\_ Yes \_\_\_\_\_ No

A minimum of \$50,000 of Liability and Casualty Insurance on Rental Unit(s): \_\_\_\_\_ Yes \_\_\_\_\_ No

Please provide:

Insurance Company Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Expiration Date of Policy: \_\_\_\_\_

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I swear or affirm that my statements and answers are true and complete to the best of my knowledge and belief, I also realize that I will be subject to criminal penalties provided by 18PA C.S. 4903 and 4904 if I have provided false answers and statements.

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

\_\_\_\_\_  
Signature of Owner or Agent

\_\_\_\_\_  
Printed Name of Owner or Agent

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**To be completed by City Employees Only**

\_\_\_\_\_ A Check or Money Order made payable to the City of Scranton has been received in the amount of \$ \_\_\_\_\_ dated \_\_\_\_\_.

\_\_\_\_\_ A Rental Registration Certificate was issued on \_\_\_\_\_.

Sticker No. Issued: \_\_\_\_\_