

DEPARTMENT OF LICENSING, INSPECTIONS AND PERMITS

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

(2019)



Dear Property Owner:

The City of Scranton, Licensing, Inspections & Permits 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 April 1 (the first 90 days of the calendar year) of the relevant year, you are required to pay \$50.00 per occupied unit. If you are registering and paying all fees between April 1, 2019 and June 30, 2019, you are required to pay \$75.00 per occupied unit. If you are paying after June 30, 2019, 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. However, you are still required to complete and file an application with this Department. If the unit becomes occupied duting 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:

- 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. 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 properly registering your rental property/unit(s) may result in a citation (s) being filed, closure of your rental unit(s) due to violation of the City Ordinance, and/or legal action from a collection agency. **

Please note, if the property owner's name is listed in an LLC, corporation or other business entity, proof of ownership is required with the submittal of this application.

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



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(For 2019)

CITY OF SCRANTON **APPLICATION FOR RENTAL REGISTRATION**

PURSUANT TO FILE OF THE COUNCIL NO. 58 OF 2016 & FILE OF THE COUNCIL NO. 2 OF 2018

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

ADDRESS OF RENTAL UNIT: Tax Map Number: Number of Units: Is the Property Condemned? 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; 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) single units on one deed which is occupied by the owner of the double or duplex home or two (2) single units on one deed. 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.	**	•
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Name of Owner:	the end of the application.	
Name of Owner:		
Work/Cell Phone: Home Phone: Address: City, State, Zip:	Work/Cell Phone:	

If Business, Person of Contact:

	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 that apply:	in compliance with the following prior to issuance of a Rental Registration Certificate. Please check all
Rea	Estate Taxes are paid in full and up to date: Yes No
Wa	te Disposal fees are paid up to date: Yes No
A n	inimum of \$50,000 of Liability and Casualty Insurance on Rental Unit(s): Yes No
	Please provide:
	Please provide: Insurance Company Name:
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	Insurance Company Name:
when such a enjoy their o	Insurance Company Name: Policy Number:
when such a enjoy their of Policy, pleas I swear or a	Insurance Company Name: Policy Number: Expiration Date of Policy: Scranton is committed to granting reasonable accommodations to its rules, policies, practices, or service ecommodations may be necessary to afford people with disabilities the equal opportunity to use and wellings or common areas. For a copy of the complete copy of the City's Reasonable Accommodation e contact the Department of Licensing, Inspections, and Permits. Firm that my statements and answers are true and complete to the best of my knowledge and belief, I all will be subject to criminal penalties provided by 18PA C.S. 4903 and 4904 if I have provided false
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