

### DEPARTMENT OF LICENSING, INSPECTIONS AND PERMITS

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

(2020)

John Doe 123 Alpha Street Scranton, Pa 18505

#### 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 Permit Department. An application has been enclosed for your convenience.

Rental unit(s) must be registered annually. You are required to register your property(s) by October 1, 2020 at \$45.00 per unit. If the unit is unoccupied or occupied by family, you are not required to pay the fee for that unit. However, you are still required to complete application with this Department.

If you are unsure of 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 the **City of Scranton** and send to:

# City of Scranton Rental Registration Dept. of Licensing, Inspections, and Permits 340 N. Washington Ave. Scranton, PA 18503

\*\*Failure to comply with registering your rental property/unit(s) may result in a citation(s) being filed or tenants rent being placed in the City's Rental Escrow Account.

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 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, extensions 4525 or 4523. Thank you.

Respectfully,

Thomas Oleski

Thomas Oleski

Acting Director/BCO

Licensing, Inspections, & Permits



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2020

# 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 No:		
Number of Units:		
The followin	g are exempt from these	registration requirements:
2. 3. 4. 5. 6. 7. 8. 9.  If one of the the application	two (2) unrelated individwelling at any given tin A residential treatment A drug, alcohol, or othe A nursing, physical there Hotels, motels, and bed A community/group ho A facility owned and op An apartment or single A rental unit in a double double or duplex home	occupied by immediate members of the owner's family provided that not more than duals, in addition to the immediate members of the owner's family, occupy the ne; (Family is defined as the parent or child of the owner.) hospital or facility; dependency treatment facility, halfway house; apy, or assisted living facility; and-breakfast facilities; me facility licensed by the Pennsylvania Department of Public Welfare; erated by the Scranton Housing Authority; and family home where the occupant is a child or parent of the residence. For duplex home or two (2) units on one deed which is occupied by the owner of the or two (2) units on one deed.  to your rental property, please briefly describe below and sign your name at the end of
Name of Owner:		
Work/Cell Phone:		
Home Phone:		
Address:		
City, State, Z	in:	
If Business, Person of Contact:		
it business, F	rerson of Contace:	

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,			
No, please provide:			
Name of Agent:			
Work/Ceil 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:			
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.  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: Owner's Signature			
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: BUSINESS #			