



Please email completed form to: [lpiaf@scrantonpa.gov](mailto:lpiaf@scrantonpa.gov)

**DEPARTMENT OF LICENSING, INSPECTIONS AND PERMITS**

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

2017

CITY OF SCRANTON  
**APPLICATION FOR RENTAL REGISTRATION**  
PURSUANT TO FILE OF THE COUNCIL NO. 58 OF 2016 &  
FILE OF THE COUNCIL NO. 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 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 Nurse, physical therapy, or assisted living facility
5. Hotels, motels and bed-and-breakfast facilities
6. A Community. Group 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 two (2) units on one deed

If one of the above exemptions applied 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: \_\_\_\_\_

Address2: \_\_\_\_\_

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? Yes No

If No Please provide the following:

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

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

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

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

Address2: \_\_\_\_\_

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

Agent's Contract 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 gathering 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 provided false answers and statements.

Date: \_\_\_\_\_ Owner/Agent Signature: \_\_\_\_\_

Owner/Agent Printed Name: \_\_\_\_\_

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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 Issues on \_\_\_\_\_

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

Business ID: \_\_\_\_\_