

OFFICE USE ONLY	Zoning ( )	Scan ( )
G/F Receipt		
No. _____		
Date _____		
Check	Money Order	Cash

**CITY OF ERIE**  
**RESIDENTIAL RENTAL REGISTRATION**  
 Use one form for each building or complex

VALID: May 16, 2013 – May 15, 2014

_____ Zip Code _____				
Rental Unit Street Address _____	Building name if applicable _____			
Type of Structure:	___ Single Family Dwelling    ___ Flat/Duplex    ___ Apartment Building			
Rental Units	Fee Category	Fee Per Unit	Payment if Remitted:	Total Cost
_____	Annual Fee	\$40.00	On or before May 15, 2013	\$ _____
_____	Annual Fee	\$65.00	May 16 to June 30, 2013	\$ _____
_____	Annual Fee	\$80.00	After June 30, 2013	\$ _____
_____	New Ownership	\$40.00	Within 60 days of Sale, Transfer or Construction of Rental Unit(s)	\$ _____
_____	New Ownership	\$80.00	After 60 days of Sale, Transfer or Construction of Rental Unit(s)	\$ _____
_____ Liability Insurance Company		_____ Policy #	_____/_____/____ Expiration Date	
<b><u>Rental Units Per Floor</u></b>	<b><u>Owner Exemption</u></b>	<b><u>Family Exemption</u></b>	<b><u>Section 8 Exemption</u></b>	
Basement _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1 <sup>st</sup> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2 <sup>nd</sup> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3 <sup>rd</sup> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4 <sup>th</sup> + _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Note: Proof of exemption must be provided at the time of registration.				

**OWNER INFORMATION:** No P.O. Boxes shall be accepted.

_____ Name	_____ Telephone No.
_____ Street Address	_____ City, State, Zip Code
_____ Cell Phone No.	_____ E-Mail: Preferred Method of Contact

Does this property have accessible* unit(s)? Yes?    No?
*Accessible = A building, facility or portion thereof that complies with Disabilities Act (ADA)

**IF THE OWNER IS A TRUST, PARTNERSHIP OR CORPORATION PROVIDE THE FOLLOWING INFORMATION OF THE MANAGING TRUSTEE, PARTNER OR PRESIDENT OF THE CORPORATION:** No P.O. Boxes shall be accepted.

_____ Name	_____ Telephone No.	
_____ Street Address	_____ City, State, Zip Code	
_____ Cell Phone No.	_____ E-Mail:	_____ Preferred Method of Contact

**RESPONSIBLE AGENT INFORMATION:**

A Responsible Agent is defined as a person authorized by the owner to act in his behalf. All Responsible Agents must reside within Erie County, Pennsylvania.

- Owners of Rental Units residing in Erie County *may* designate a Responsible Agent to be named on the Registration/License.
- Owners of Rental Units residing out of Erie County **must designate** a Responsible Agent to be named on the Registration/License. : No P.O. Boxes shall be accepted.

_____ Name	_____ Telephone No.	
_____ Street Address	_____ City, State, Zip Code	
_____ Cell Phone No.	_____ E-Mail:	_____ Preferred Method of Contact

**Your signature attests that on this date:**

1. Each dwelling unit has the appropriate number of operational smoke detectors.
2. Equipment, systems, devices and safeguards required by this code are maintained and are in working order.
3. Undersigned agrees to an interior/exterior inspection by the City of Erie or their designated official.

*By your signature you acknowledge the information provided in this registration is correct and acts as a temporary license to operate. This registration does not deem the property as code compliant or habitable.*

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

Relationship to Owner: \_\_\_\_\_

**Checks should be made payable to THE CITY OF ERIE.**

Mail rental registration form and payment to:
City of Erie Rental Registration Office - Lobby 626 State St. Erie, PA 16501