

PHONE #215-750-3823

FAX #215-750-3817

HCT# _____

INSPECTION APPLICATION FOR RENTAL UNIT PRIOR TO OCCUPANCY BY NEW TENANT

PAYMENT & INSPECTION IS REQUIRED EACH TIME THERE IS A TENANT CHANGE

TENANT NAME: _____

{PLEASE PRINT}

OWNER:

NAME: _____

MANAGER: _____

ADDRESS: _____

PHONE #: _____

LOCATION OF RENTAL UNIT:

APARTMENT NAME & RENTAL #

HOME RENTAL ADDRESS

INTENDED DATE OF NEW TENANT OCCUPANCY: _____

PLEASE CHOOSE INSPECTION DATE: _____

(48 HOURS NOTICE IS REQUIRED)

The undersigned hereby makes application of Certificate of Approval for the above described rental unit and declares that the information stated herein is correct to the best of his/her knowledge.

APPLICANT'S SIGNATURE

DATE

\$65.00 NON-REFUNDABLE FEE REQUIRED PER TENANT

\$100.00 NON-REFUNDABLE FEE REQUIRED FOR SINGLE FAMILY HOME RENTALS