PLYMOUTH BOROUGH RENTAL /SALE INSPECTIONAPPLICATION

P.O. BOX 246
162 WEST SHAWNEE AVENUE
PLYMOUTH PA 18651-0246
PHONE: (570) 779-1011 / FAX: (570) 779-2418
EMAIL: plymouthborough@comcast.net

Fill out ONLY applicable blocks. If unknown, leave blank. Information provided is for emergency purposes and is confidential.

Date: _____

Owner: _____ Phone: _____

Mailing Address: _____

_____

Property Address: _____

_____

Maximum Occupancy Per Unit: _____ Actual Number of Occupants: _____

Name of Current Tenants: List Phone Numbers of each Tenant: _____

_____

_____

Number of Tenant Spaces: _____ Is This Building Commercial or Residential? _____

Name of Property Manager: _____

Phone: _____ Emergency Contact: Phone: _____

This inspection is for the following: (please circle one) **RENTAL / SALE**

****Fees for Occupancy Inspections are as follows: Residential Tenants Space - $60.00
Commercial Tenant Space - $90.00

SUBMIT CHECK OR MONEY ORDER (no cash) ALONG WITH THIS COMPLETED APPLICATION TO:

Plymouth Borough
162 West Shawnee Avenue
Plymouth, PA 18651
570 779-1011

***Inspection fees must be paid in full prior to scheduling an inspection.
This inspection is an Annual Rental inspection as per Plymouth Borough Ordinance.

I certify that the code administrator or the code administrator's authorized representative shall have the authority to enter areas required for this inspection at any reasonable hour to enforce the provisions of the code(s) applicable to such inspection. I also understand that this inspection is a visual, non-invasive inspection only, and therefore hold harmless Plymouth Borough for anything that may happen within the property after the inspection.

_____ _____

Signature of Owner or Authorized Agent Print Name of Owner or Authorized Agent