

CITY OF COATESVILLE



CODES DEPARTMENT
1 City Hall Place, Coatesville, PA 19320 (610) 384-0300 Option 3 (610) 384-6051 (Fax)

APPLICATION FOR RENTAL UNIT INSPECTION

ADDRESS TO BE INSPECTED:	PARCEL NUMBER:
TOTAL NUMBER OF UNITS AT ADDRESS:	UNIT NUMBER TO BE INSPECTED:
APPLICANT NAME:	APPLICANT EMAIL ADDRESS:
APPLICANT PHONE NUMBER (indicate if Mobile/Home/Work):	
OWNER NAME:	
OWNER PHONE NUMBER:	
OWNER ADDRESS:	OWNER EMAIL ADDRESS:

PLEASE READ CAREFULLY AND SIGN BELOW:

- Rental units must be inspected **prior** to occupancy in accordance with Chapter 136 "Housing Standards" & the International Property Maintenance Code" www.coatesville.org/ecodes.
- Inspection Fee = \$105.00 Per Unit (includes one reinspection); \$80.00 for each additional reinspection.
- Payments must be received prior to scheduling an inspection/reinspection.
- Rental Inspections will not be scheduled if the Rental License and/or Taxes are not current for said property.
- Inspections occurring **after** occupancy will incur inspection fees **Plus a \$500.00 Penalty Fee and Citation.**
- Inspections canceled with less than 24 hours' notice will count as a No Show/Fail inspection, incur a **penalty fee of \$50.00**, forfeit the previous rental inspection fee of \$105.00, and repay \$105.00 for the cost of the rescheduled rental inspection. See Notice regarding penalties and fees for canceled reinspections.
- The current Owner or designated agent elected by Owner (Tenants are **not** acceptable) must be present at time of inspection. If Owner/Agent is not present, the inspection will count as a No Show/Fail inspection.

SIGNING THIS FORM ACKNOWLEDGES THAT I HAVE READ AND UNDERSTAND THE CONDITIONS ABOVE

APPLICANT SIGNATURE: _____ **DATE:** _____

FOR OFFICE USE ONLY	
Rental License No: _____	Fee Amount: _____
Inspection Type: _____	
Initial: _____ Tenant Change: _____ Biennial: _____	



TENANT REGISTRATION FORM

(PLEASE PRINT CLEARLY. If additional space is needed, please make a copy.)

Address: _____
Tenant information for each tenant in the unit/property

Tenant Name: _____ **Unit Number:** _____

Adult or Minor (please circle) Lease Dates: _____

Phone Number: _____

Tenant Name: _____ **Unit Number:** _____

Adult or Minor (please circle) Lease Dates: _____

Phone Number: _____

Tenant Name: _____ **Unit Number:** _____

Adult or Minor (please circle) Lease Dates: _____

Phone Number: _____

Tenant Name: _____ **Unit Number:** _____

Adult or Minor (please circle) Lease Dates: _____

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Phone Number: _____