

PLYMOUTH BOROUGH RENTAL /SALE INSPECTION APPLICATION



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 <u>ONLY</u> applicable blocks. If unknown, leave blank. Information provided is for emergency purposes and is confidential.

purposes and is confidential. Date:	
Owner:	Phone:
Mailing Address:	
Maximum Occupancy Per Unit:	Actual Number of Occupants:
Name of Current Tenants: List Phone Nu	umbers of each Tenant:
	This Building Commercial or Residential?
Name of Property Manager:	
Phone: Eme	ergency Contact: Phone:
This inspection is for the following: (please	ecircle one) RENTAL / SALE
****Fees for Occupancy Inspections are as f	follows: Residential Tenants Space - \$60.00 Commercial Tenant Space - \$90.00
SUBMIT CHECK OR MONEY ORDER (<u>no cas</u>	sh) 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	0 1
This inspection is an Annual Rental inspect	1 0
Prior to inspection heat, water, and electric	•
required for this inspection at any reasonable hour to enfor	ator's authorized representative shall have the authority to enter areas are the provisions of the code(s) applicable to such inspection. I also spection only, and therefore hold harmless Plymouth Borough for anything
Signature of Owner or Authorized Agent	Print Name of Owner or Authorized Agent