

## TENANT OCCUPIED PROPERTY LICENSE APPLICATION (SINGLE-FAMILY DWELLING)

PROPER	TY ADDRESS			
IF T	THE OWNER OR OPERATOR ARE	AN LLC YOU MUST DESIGNAT.	E A RESPONSIBLE PARTY FOR SERVICE	
OWNER	:			
	NAME			
	ADDRESS			
	CITY	STATE	ZIP CODE	
	PHONE #		CELL PHONE #	
	EMAIL ADDRESS			
OPERAT				
	NAME			
	ADDRESS			
	CITY	STATE	ZIP CODE	
	PHONE #		CELL PHONE #	
	EMAIL ADDRESS			
INSURA	NCE INFORMATION:			
INSUR	ANCE COMPANY			
POLICY NUMBER		I	EXPIRATION DATE	
AMOU	NT OF COVERAGE ON THE BUILI	DING		
	LICENSE FEE \$75.00 INSPECTION FEE AT \$75.00 FOR I	· ·	PECTED WITHIIN 2 YEARS) OUE WITH THIS APPLICATION	
ALL FEI	ES ARE <b>NON-REFUNDABLE</b> ANI	D DUE AT TIME OF APPLICATION	ON. WE DO NOT PARTICIPATE IN PAYMENT	

PLANS. MAKE CHECKS PAYABLE TO:

City of York Permits, Planning and Zoning 101 S George Street P.O. Box 509 York, Pennsylvania 17405

I hereby make application for the tenant occupied multifamily dwelling license for the above property. I understand that the license for this property will not be issued until the property has been inspected and meets the inspection criteria of the Property Maintenance Code of the City of York, Pennsylvania as well as all other Codified Ordinances of the City of York.

APPLICANT'S SIGNATURE	