



City of Washington

55 West Maiden Street, Washington, PA 15301

Phone: 724-223-4200 • Fax: 724-223-4229

RENTAL REGISTRATION APPLICATION

Complete ONE Application Per Unit.

Year _____

Section I : Type of Registration

Office Use Only

Permit Number: _____

New Renewal Update of property/owner information Replace permit

Section II : Owner Information This section refers to the owner or owners who hold legal title (required)

Owner's Name: _____

Owner's Address: _____

City: _____ State: _____ Zipcode: _____

Primary Phone # _____ Secondary Phone # _____

Fax # _____ Email Address: _____

Section III : Property Management Information

Name of Management Company: _____

Address: _____

City: _____ State: _____ Zipcode: _____

Primary Phone # _____ Secondary Phone # _____

Fax # _____ Email Address: _____

Section IV : Rental Property Location

Location : _____

Parcel Number: _____



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Section V : Tenant Registration

Unit	First Name	Last Name	Middle Initial	Phone Number		18 And Over
					[REDACTED]	

* If needed, list additional tenant registrations on back.

Section VI: Type of Rental Unit

Check one

Single Family
 Two-Family Dwelling
 Multi Family
 Hotel/Motel
 Rooming House/ Boarding
 Dorm Rooms
 Personal Care

Length of Lease _____ Lease Expiration Date _____ Date of Residency _____

Section VII: Registration Fees

Description	Charge	Total
Annual Rental Registration Permit	\$12.00 per rental unit	
Building Inspection Fee IF REQUESTED	\$30.00 Per unit for 1st Unit \$10.00 for second unit within same building \$5.00 per unit for all subsequent units with in same building	
Replacement of Rental Permit	\$50.00	
Certificate of Safety with use of private inspection firm	\$	
	TOTAL	

CHECKS PAYABLE TO THE CITY OF WASHINGTON

Mail check along with form to: City of Washington, 55 West Maiden Street, Washington PA 15301

I hereby certify that to the best of my knowledge this form is complete and correct and will conform to all City Ordinances.

 Signature of Property Owner or Manager Date