

**Municipality of Norristown  
Department of Code Enforcement**

235 E. Airy Street, Norristown, PA 19401  
Phone: 610-270-0441 or 0442 / Fax: 610-279-7548

**RENTAL LICENSE APPLICATION FORM**

- Incomplete applications will delay processing the license
- Application **MUST** be signed by owner.
- All new/inactive rental units are subject to inspection **PRIOR** to occupancy
- All fees shall be paid at the time of application. \$65.00 per dwelling unit

**RENTAL PROPERTY INFORMATION**

Address of Property \_\_\_\_\_

Number of dwelling units' \_\_\_\_\_

**NOTE: if the building contains more than one single family dwelling unit a copy of a zoning use registration permit must be submitted at the time of application.**

**ZONING INFORMATION (if required)**

Zoning Use Permit # \_\_\_\_\_

**OWNER INFORMATION**

\*\*Name of Property Owner \_\_\_\_\_

Property Owner Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Federal Tax ID \_\_\_\_\_

Phone (w) \_\_\_\_\_ (h) \_\_\_\_\_ (c) \_\_\_\_\_

Fax # \_\_\_\_\_ Email \_\_\_\_\_

\*\*Must provide information for all OWNERS and/or PARTNERS/MEMBERS holding 10% or more interest. Please provide on separate sheet.

**CORPORATION INFORMATION**

Corporation Name \_\_\_\_\_

Executive's Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Federal Tax ID \_\_\_\_\_

Office Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Fax # \_\_\_\_\_ Email \_\_\_\_\_

**AGENT INFORMATION**

Agent/Management Name \_\_\_\_\_  
Company Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Office Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Fax # \_\_\_\_\_ Email \_\_\_\_\_  
Agent/Management Y / N                      Resident/Legal Agent Y / N

Authorized Signature of Application License

\_\_\_\_\_ *By signing this application I am the owner or am authorized to sign on behalf of the owner. I understand that falsifying information can result in having the rental license application denied and the property will not be licensed to rent. I affirm under penalty of perjury that the information on this application is true to the best of my knowledge and belief. I also understand that if there are changes in property ownership, owner address, or agent/contact information that I must notify the Norristown Code Enforcement Department within ten (10) days of said change. I also understand penalty can be assessed in a civil citation if the rental property is not licensed.*

X \_\_\_\_\_ Date: \_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Print or Type Name of Person Signing

This Rental License Application is based on Statute 245-2 of the General Law of the Municipality. If your application is denied please confer with the Codes Manager. Be aware that if you fail to adhere to the standards laid out in Section 245-2 of the General Law of the Municipality your permit may be revoked.