

Clarion Borough
1400 East Main Street
Clarion, PA 16214
Phone: 814-226-7707
Fax: 814-226-9040

APPLICATION FOR RENTAL UNIT LICENSE(S)

I, _____, HEREBY MAKE APPLICATION FOR A RENTAL UNIT
LICENSE FOR MY PROPERTY LOCATED AT _____

ZONING DISTRICT: _____

Number of Stories _____

Number of Units _____

	<u>NUMBER OF ROOMS</u>	<u>NUMBER OF TENANTS</u>	<u>NUMBER OF BEDROOMS</u>
First Floor	_____	_____	_____
Second Floor	_____	_____	_____
Third Floor	_____	_____	_____
Basement	_____	_____	_____

Number of Parking Spaces _____

APPLICANT MUST DESIGNATE AGENT FOR THE RECEIPT OF SERVICES OF VIOLATIONS OF THE PROVISIONS OF THIS ORDINANCE AND FOR SERVICE OF PROCESS PURSUANT TO THIS ORDINANCE, WHEN SAID APPLICANT IS ABSENT FROM THIS BOROUGH FOR THIRTY (30) OR MORE DAYS. SUCH A DESIGNATION SHALL BE MADE IN WRITING AND SHALL ACCOMPANY EACH APPLICATION FORM.

I FURTHER AGREE TO REQUIRED INSPECTIONS OF THESE RENTAL UNITS.

Signed _____

Dated _____

OWNER: _____

ADDRESS _____

TELEPHONE _____