



BOROUGH OF MT. OLIVER

(INCORPORATED NOVEMBER 9, 1892)

150 Brownsville Road Pittsburgh, PA 15210

Ph: 412-431-8107 Fax: 412-431-0184

www.MtOliver.com

APPLICATION FOR ANNUAL RENTAL LICENSE

In accordance with Ordinance #978, all property owners who rent or lease any single family or multi-family dwelling must apply and obtain an Annual Rental Operating License. Upon application, all rental units shall be inspected for compliance with all Fire and Property Maintenance Codes. Any noted violations during the inspection must be corrected prior to issuance of the Rental Operating License.

Please return this application with payment within 30 days. Once received, you will be contacted to set up the inspection. Enclosed is a checklist of what we look for during an inspection. We highly recommend that you use this checklist to conduct your own mock-inspection prior to your scheduled inspection date.

Property Description

Property Address: _____ Units: _____

Parcel ID: _____

Owner Information

Name: _____ Business Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Primary Phone #: _____ Secondary Phone #: _____

Email: _____

Designated Agent (Required if Owner resides outside of a 25-mile radius from the property)

Name: _____ Business Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Primary Phone #: _____ Secondary Phone #: _____

Email: _____

Tenant Information

List by name all tenants over the age of 18 and note the number of children under the age of 18. Attach additional sheets, as necessary.

Unit/Apartment or Floor _____ (check one) Total # of Tenants: _____

Name Age Phone # Move-In Date

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Registration Fees

\$100 per unit (includes one re-inspection)

\$35 per unit for each additional re-inspection

Applicant:

I hereby attest to the truth and accuracy of the information contained in this application.

Signature of Owner/Agent: _____ Date: _____

Print Name: _____

Amount Enclosed: _____

**** Make checks payable to "Mt. Oliver Borough" ****

For Official Use Only:

Application approved by: _____ Date: _____
