

BOROUGH OF MORTON
500 Highland Ave.
Morton PA 19070
Phone: (610) 543-4565
Fax: (610) 543-4565
mortonboro1@yahoo.com

RENTAL INSPECTION APPLICATION 2016

Owner Name: _____ Phone# _____
Property Address: _____
Owner Address: _____
(P.O. Box NOT acceptable for Owner/Operator's Address)

Agent Name: _____ Phone# _____
Agent Address: _____

Contact Person: _____
(Person responsible for receiving communications etc.)

Application Fee Calculation Table

Total rental Units _____ X \$75.00 per unit = Total \$ _____

An additional charge of \$40.00 for a fire inspection for Properties with more than Five (5) units

I certify that the statements contained herein are true and correct to the best of my knowledge and belief. I understand that if knowingly make any false statements herein I am subject to the possible revocation of any certificate issued as a result of my false application, and such other penalties as may be prescribed by law.

Owner Signature: _____ Date: _____

Agent's Signature: _____ Date: _____
(if Applicable)

Please complete and return with full payment and completed Tenant List to:

**Borough of Morton
500 Highland Ave.
Morton PA, 19070
(Attn: Code Official)**