

Centre Region Code Administration
2643 Gateway Drive, Suite #2
State College, PA 16801
Phone: (814) 234-3812 Fax: (814) 231-3088
Email: kwoods@centreregioncode.org

PERMIT TRACKER	
Permit No:	_____
Zoning Approved?	Yes No
Last Inspected:	_____
Inspection Type:	INTERIOR EXTERIOR
Inspector Assigned:	_____
Date Assigned:	_____
Reviewed by:	_____

Rental Housing Permit Application

(This Application **MUST** be filled out in full or it will be rejected by our office)

I. APPLICANT:

New Rental Permit _____ Change of Ownership _____ Change of Management _____
Increase/decrease of Units _____ Owner Occupied _____ Student Occupied _____

RENTAL ADDRESS:

Street & Unit #: _____ City: _____ Zip: _____
(Please include Building Name & Unit Numbers)

OWNER'S NAME: _____ Phone: _____

(If an out of town owner, you must indicate below a local person in charge who resides within 25 air miles of the property and is at least 25 years old)

Street: _____ City: _____ State: _____ Zip: _____
Email: _____

BILLING/MANAGEMENT NAME: _____ Phone: _____

Street: _____ City: _____ State: _____ Zip: _____
Email: _____

PERSON IN CHARGE (If different from above): _____ Phone: _____

Street: _____ City: _____ State: _____ Zip: _____
Email: _____

NUMBER AND TYPE OF UNITS: (For Billing Purposes Only)

House _____ Apartment _____ Townhouse _____ Duplex _____
Room _____ Mobile Home _____ Fraternity _____ Total Number of Units _____

Please note: A rental housing permit will be issued only if all property maintenance codes and zoning regulations are followed and permit fees are paid. The permit is the property of the Centre Region Council of Governments and may be revoked at any time for any violations of code or zoning regulations. The granting of a housing permit authorizes code officers to enter the premises to assure that the health, safety, and welfare of the occupants is not compromised. Failure to obtain a current housing permit will result in formal legal action being filed against the owner.

Signature of Applicant: _____ **Date:** _____

II. Zoning Office Use Only Approved: _____ Denied: _____ Date: _____

Zoning Classification: _____

Occupancy regulated by Zoning: Yes: _____ No: _____ Comments: _____

Occupancy may not exceed a family plus _____ persons not related to the family, in lieu of a family, _____ unrelated persons.

Tax Parcel #: -, , (Must supply County Format Tax Parcel ID #)

III. Code Office Use Only Code Officer Name: _____ Approved Date: _____

Classification: R-2 Multi-Family (apartment, rooming house, fraternity) _____
R-3 Townhouse _____
Duplex _____
Single Family Dwelling _____

Occupancy Restricted by Codes to _____