



Borough of Quarryville

300 Saint Catherine Street
Quarryville, PA 17566
Phone: 717.786.2404
Fax: 717.786.0154



Office of Zoning and Code Compliance

717.786.0355

RESIDENTIAL RENTAL LICENSE APPLICATION OR CHANGE IN OCCUPANCY AGREEMENT

LICENSE # _____ (assigned by the Borough)

Date Received: _____

PROPERTY ADDRESS: _____ Unit #: _____

DWELLING TYPE: SINGLE DUPLEX APARTMENT TOWNHOUSE OTHER _____
(check one)

Number of off-street parking spaces at this address: _____ Adjacent property parking spaces: _____

OWNER NAME: _____ Phone: _____

OWNER ADDRESS: _____

EMAIL: _____

Does the owner live outside of Lancaster County? YES NO if YES, what county _____

MANAGER NAME: _____ Phone: _____

MANAGER ADDRESS: _____

EMAIL: _____

This application is for the licensing of a Residential Rental Unit under Ordinance No. 401, Chapter 9 of the Quarryville Borough Code of Ordinances. Issuance of a Residential Rental Unit License does not indicate that the residential rental unit is in compliance with the Borough Building Code, Property Maintenance Code, Zoning Ordinance, or any other applicable code or ordinance.

No application is complete without payment of the application fee. The Borough will not issue a Residential Rental Unit License authorizing rental of the unit unless all Borough water, sewer, or other amounts due are paid in full.

By signing this application, I certify that all facts in the application and all accompanying documentation are true and correct. This application is being made by me to induce official action on the part of Quarryville Borough and I understand that any false statements made herein are being made subject to the penalties of 18 PA. C.S. §4904 relating to unsworn falsification to authorities.

Owner Signature _____

Date _____

Manager Signature _____

Date _____

LICENSE # _____ (assigned by the Borough)

List the names of every occupant residing at the licensed residential rental unit. This information may be submitted on separate sheet. Please note, Quarryville Borough Ordinance permits a "family," as defined by the Quarryville Zoning Ordinance, to reside in a residential rental unit.

Property Address: _____

PLEASE PRINT THE NAME OF EVERY OCCUPANT

UNIT # _____	check if 18 or older
1. _____	<input type="checkbox"/>
2. _____	<input type="checkbox"/>
3. _____	<input type="checkbox"/>
4. _____	<input type="checkbox"/>
5. _____	<input type="checkbox"/>

For Vacancy:

UNIT # _____ TO BECOME VACANT ON _____ (DATE)

Inspections are conducted during normal business hours, Monday through Friday, excluding holidays. Appointments are subject to the availability of the inspector.

The undersigned hereby consents to an inspection of the above referenced premises by the Quarryville Borough Code Enforcement Officer or a duly appointed representative assigned by the Borough. The purpose of the inspection is to determine if the property complies with all applicable provisions of the Residential Rental Unit Regulations of the Borough of Quarryville. All inspections must be completed by December 31 of your required inspection year.

Owner Signature _____

Date _____

Manager Signature _____

Date _____