

BOROUGH OF LANSFORD - Office of Code Compliance
Residential Rental, Housing, & Inspections
1 West Ridge Street, Lansford, PA 18232
Office: (570) 645-3900 FAX: (570) 645-6248

RESIDENTIAL RENTAL LICENSE APPLICATION

Please complete this Residential Rental License Application and return the Application, Addendum, and fees (both license fees as indicated below) for the Rental License via mail to ARRO Consulting, Inc., 1239 Centre Turnpike, Orwigsburg, PA 17961 prior to May 31, 2024.

CHECK ONE BELOW – check or money order payable to the appropriate entity indicated below.

- EACH DWELLING UNIT \$150.00** (\$25.00 payable to Lansford Boro. & \$125.00 payable to ARRO Consulting, Inc.)
- EACH ROOMING HOUSE UNIT \$100.00** (\$20.00 payable to Lansford Boro. & \$80.00 payable to ARRO Consulting, Inc.)
- EACH SLEEPING ROOM \$50.00** (\$10.00 payable to Lansford Boro. & \$40.00 payable to ARRO Consulting, Inc.)

ANNUAL LICENSE FEES: (Deadline: May 31, 2024, or January 1 each year thereafter). If the annual license fee is not paid by the deadline, an additional \$30.00 late fee will be due (\$10.00 payable to Lansford Borough and \$20.00 payable to ARRO Consulting, Inc.) shall apply for each subsequent month until all fees are paid in full.

If you have any questions, please email arrorentals@arroconsulting.com or call 570-366-9534.

Use a Separate Application Form for Each Dwelling Unit (Attach additional sheets if necessary).
***** APPENDIX A – ADDENDUM TO RESIDENTIAL RENTAL AGREEMENT MUST BE SIGNED AND ATTACHED TO THIS APPLICATION*****

Please print legibly the information requested.

Building Address: _____

Property Description: _____ Apartment No.: _____

Tax Parcel Number: _____

Please indicated East Side of Tunnel Street or West Side of Tunnel Street

PROPERTY OWNER/APPLICANT INFORMATION: (Must match Carbon County property tax records)

Name of Owner: _____

Owner Phone #: _____ Owner Email: _____

Owner's Address: _____

PROPERTY MANAGER'S INFORMATION: (Applicable if owner resides more than 20 miles from Lansford Borough)

Name of Property Manager: _____

Property Manager Phone #: _____ Property Manager Email: _____

Property Manager Address: _____

LIST ALL TENANT(S)/OCCUPANT(S) Everyone 18 years of age and older: TOTAL NUMBER _____

<u>Tenant Name</u>	<u>Occupation</u>	<u>Phone #</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Date: _____ Signature of Owner: _____

-----FOR OFFICE USE ONLY-----

Property Account No. _____ Rental License Number _____

App. Rec. _____ Add. Rec. _____ Amount Rec./Check Numbers \$ _____

Insurance _____ Taxes _____ Sewer Transmission _____ Sewer _____ Water _____ Trash _____