

*Borough of St. Clair*  
16 South Third Street  
St. Clair, Pennsylvania 17970

Phone: 570-429-0640

Fax: 570-429-2829

## Rental Registration

Owner(s) of Record: \_\_\_\_\_

Owner's address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Tenant(s) of Record: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tenant's Phone: \_\_\_\_\_ Registration Fee: \_\_\_\_\_ Inspection Fee: \_\_\_\_\_  
(Amount Paid) (Amount Paid)

Rental address: \_\_\_\_\_ St. Clair, PA 17970

Number of Bedrooms: \_\_\_\_\_ Total Occupant Load: \_\_\_\_\_

This property has been registered by the Code Enforcement Officer and is subject to the provisions of Ordinance No. 392 of the Borough of St. Clair.

This the \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_ License No. \_\_\_\_\_

Valid thru the 31st day of January, 20\_\_

Issuing officer: \_\_\_\_\_

Signature

Print

# *Borough of St. Clair*

## Residential Rental Property Inspection Form

**To Be Completed By Applicant:**

Note: Inspection Fee of \$30.00 (each unit) and a \$10.00 initial registration fee, subsequent registration (change of tenant or annually) of \$5.00 must be paid at time of application.

Owner/Agent: \_\_\_\_\_ Occupant: \_\_\_\_\_

Address: \_\_\_\_\_ Address of Unit(s): \_\_\_\_\_

Phone No: \_\_\_\_\_ Phone No: \_\_\_\_\_

Date of Occupancy: \_\_\_\_\_

MUST BE FILLED OUT BY APPLICANT (WILL BE VERIFIED DURING INSPECTION BY THE BOROUGH CODE OFFICIAL).

<u>BASIC FACILITIES</u>	<u>YES</u>	<u>NO</u>	<u>ELECTRIC SERVICE</u>	<u>YES</u>	<u>NO</u>
1. Kitchen Facilities			1. Minimum of (2) wall outlets and (1) light in each habitable room (all kitchen countertop, bathroom and at-grade receptacles must be GFCI protected.	___	___
Sink	___	___			
Stove	___	___			
Refrigerator	___	___			
Cabinets	___	___			
2. Room affording privacy with properly operating...			2. Smoke Detectors (one in every sleeping area and min. one on every level, including basement)	___	___
Toilet	___	___			
Lavatory sink	___	___	3. Electrical Service	___	___
Bathtub or Shower	___	___	capacity (amps) _____		
3. Hot and Cold Water supply to kitchen and bathroom	___	___	<u>SAFE SANITARY</u>	<u>YES</u>	<u>NO</u>
4. heating System	___	___	<u>MAINTENANCE</u>		
Type _____			1. Every public walkway, driveway entrance and curb is free of cracks, breaks, and tripping hazards and in good repair.	___	___
5. Central Air	___	___			
6. Safe unobstructed means to exit leading directly to ground level	___	___	2. Every foundation, roof, exterior wall, door, skylight and window in good repair	___	___
7. Structurally sound handrails balusters, stairways, decks and porches	___	___	3. Every interior wall, ceiling, stairs, and appurtenances are safe and in good repair.	___	___
8. House number clearly displayed	___	___	4. Sump Pump	___	___
9. Minimum one (1) CO detector	___	___			

Date Applicant Inspected: \_\_\_\_\_

Date Codes Official Inspected: \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

Inspector's Signature \_\_\_\_\_

Applicant's Name Printed \_\_\_\_\_

Inspector's Name Printed \_\_\_\_\_