



# Borough of Quakertown

## Building Codes and Zoning Department

35 N. Third Street  
Quakertown, PA 18951  
Telephone: 215-536-5001



[www.quakertown.org](http://www.quakertown.org) – [codeadmin@quakertown.org](mailto:codeadmin@quakertown.org)

## RESIDENTIAL RENTAL DWELLING REGISTRATION FORM

License #:

Location	
Property Address:	
Number of Residential Units:	Number of Buildings:

Property Owner Information	
Property Owner:	
Contact Name:	Phone #:
Address:	City, State, Zip:
Email:	After Hours Phone#:

Property Management	<input type="checkbox"/> Same as Owner
Property Management Company Name:	
Contact Name:	Phone #:
Address:	City, State, Zip:
Email:	After Hours Phone#:

Fire Alarm System:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Type of Alarms:	<input type="checkbox"/> Smoke	<input type="checkbox"/> Heat	<input type="checkbox"/> Duct
Fire Alarm Company:							
Address:							
Sprinkler System:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Last Inspection Date:			
Sprinkler System Company:							
Address:							
Square Footage: Length of Build: _____ x Width of Build _____ x # Floors _____ = _____							
Knox Box:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Knox Box Location:				

Registration / Inspection Fee Schedule	
Per Unit Annually	\$50.00
1st Re-inspection	No Charge
2nd Re-inspection	\$100.00
3rd Re-inspection	\$150.00
4th & Subsequent Re-inspections	\$200.00
After Hours Rental Inspection (2hr minimum) <i>*fee must be paid prior to inspection</i>	\$100.00/hr

*Tenant information on back of form – Make copies as necessary*

*Please fill in all tenant information for each unit*

Address:		
Number of Tenants on Lease:	Number of Minor Children:	
Special Needs or Disabilities:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Tenant Information (over 18yrs of age):		
Name:	Phone #:	
Name:	Phone #:	
Name:	Phone #:	
Name:	Phone #:	

Address:		
Number of Tenants on Lease:	Number of Minor Children:	
Special Needs or Disabilities:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Tenant Information (over 18yrs of age):		
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