

City of Sharon, PA Code Enforcement Office Non-Owner Occupied & Rental License Application
155 West Connelly Blvd. Sharon, PA 16146 | P: 724.983.3201 | F: 724.983.3209 | M-F 8:30 am – 4:30 pm

Date of Application ____ / ____ / ____ New 2 Year 2 Year Renewal

Property Address **One Property Address per Application**

Property Address _____ Number of Units _____
Required (829.09(4)) Required (829.09(4))

Owner Information **If Not a Mercer County PA Resident Complete Property Manager Info Below (829.14)**

First/Last Name _____ Birthdate ____ / ____ / ____
Required (829.09(4)) If applicant is a company name, the owner(s) name(s) is required above

Driver's License _____ State _____ Social Security Number (Last Four Only) XXX / XX / _____
Birthdate, Driver's License, & SSN is voluntary, requested by the authority of the Code Office for identification purposes

Company Name _____
If applicant is a company name, the owner(s) name(s) is required above

Owner Address _____
Required (829.09(4)) No Post Office Box – Must have a physical address. We will mail to Post Office Box (see below)

Post Office Box _____
Optional We will mail to Post Office Box if you have provided a physical address above

Owner Phone (____) - ____ - ____ Owner Email _____

Owner Fax (____) - ____ - ____

Designated Agent or Property Manager Information **Mercer County PA Office or Residency is REQUIRED (829.14)**

First/Last Name _____
Required (829.09 (4))

Company Name _____
If an agency is being used, the agency contact is required

Agent Address _____
Required (829.09 (4)) No Post Office Box – Must have a physical address. We will mail to Post Office Box (see below)

Post Office Box _____
Optional We will mail to Post Office Box if you have provided a physical address above

Agent Phone (____) - ____ - ____ Agent Email _____
Required (829.09 (4))

Agent Fax (____) - ____ - ____

Print: _____

Signature: _____ **Date** ____ / ____ / ____

By providing your name, signature, and date you state that you understand and will abide by the above.

Fee Schedule (829.09)

Every landlord shall pay a license fee and inspection fee.

License Fee Schedule (per property for two-year license)

1-3 units: \$50. 4-20 units: \$50 + \$5.00 each additional unit. 21-80 units: \$250. 81 or more units: \$350

Inspection Fee Schedule (per unit)

Initial inspection: \$50.

Re-inspections: 1st re-inspection \$55; 2nd re-inspection; \$65; 3rd re-inspection \$75; 4th+ re-inspection \$100 each

Inspections will not be scheduled until payment of required fees are made.

Sharon Codified Ordinances-Chapter 829-Non-Owner Occupied/Rental Licensing

Copies of the Sharon Codified Ordinances that pertain to rental/non-owner occupied can be found at the Code Enforcement Office and at the city's website under Government-Ordinances-click link-search Chapter 829.

2018 International Property Maintenance Code (IPMC)

The IPMC as published by the Building Officials and Code Administrators International, Inc has been adopted as the Code of the City of Sharon for the control and regulation of the dwelling or dwelling unit. Copies of the current 2018 International Property Maintenance Code (IPMC) can be found at the Code Enforcement Office and at the city's website (www.cityofsharon.net) under City Services-Code Enforcement-International Property Maintenance Code).

Responsibility is fixed among the owner, designated agent, and occupants for code compliance including but not limited to the Sharon Codified Ordinances and the 2018 International Property Maintenance Code.

Please return all pages completed in full including completed tenant sheets and required insurance documentation in person, fax, email or by mail to: City of Sharon Code Office.

Payment by cash, check, or money order are made payable to the City of Sharon, PA.

Print: _____

Signature: _____ Date ____/____/____

By providing your name, signature, and date you state that you understand and will abide by the above.

City of Sharon PA Tenant Information for Rental Properties

One Tenant Sheet per Unit. Please ask for or make additional copies if needed.

Current Date ____/____/____

Notice of tenants occupying _____ Sharon, PA 16146

Unit/Apt Number ____ Position of Unit _____ (upstairs, downstairs, side by side, etc.)

Tenant Information

First / Last (over 18) _____

Phone(s) _____

First / Last (over 18) _____

Phone(s) _____

First / Last (over 18) _____

Phone(s) _____

First / Last (over 18) _____

Phone(s) _____

First / Last (over 18) _____

Phone(s) _____

First / Last (over 18) _____

Phone(s) _____

Date Occupancy Began ____/____/____

Number of People in Household Adults (18+) ____ Children (under 18) ____

Number of Bedrooms _____

Pets in Household Yes No Number of Pets in Household _____

Notice:

It is the responsibility of the landlord and /or the property manager to keep the City of Sharon, PA Code Enforcement Office informed of any and all changes to tenants within ten (10) days of the change; and to notify the tenant(s) of any and all scheduled inspections of the property.

Print: _____

Signature: _____ **Date** ____/____/____

Authorization of Representative Form – Rental Application (required)

Individual:

I, the owner, designate (print)_____ to act as the
authorized representative for the rental unit located at (address):

Name (print)_____

Signature_____ Date_____

Partnership, Corporation, or Similar Entity:

I designate (print)_____ to act as the authorized
representative for the rental unit located at _____

Name (print)_____

Signature_____ Date_____

I further certify that I have the authority to execute this form on behalf of the party and that I
am: (check one)

The individual or sole proprietor that is the party

An officer of the corporation that is the party

A partner of the general partnership that is the party

A general partner of the limited partnership that is the party

A manager of the limited liability company that is the party

An officer of the board of governors of the professional association that is the party

A trustee of the business trust that is the party

Of the public body and body corporate and politic

Authorized Representative Contact Info:

Name_____ Address_____

City_____ State & Zip_____

Phone_____ E-mail_____