



Borough of Quakertown
 Code Enforcement
 35 N. Third Street
 Quakertown, PA 18951
 Tel. 215-536-5001 - Fax: 215-538-9281

Residential Rental Dwelling Registration Form

Property Address:	
Number of Residential Units:	Number of Buildings:
Property Owner:	
Contact Name:	Phone No.
Address:	
After Hours Phone No:	Cellular No:
Fax #:	E-Mail:
Manager:	Phone No.
Address:	
After Hours Phone No:	Cellular No:
Fax #:	E-Mail:
Property Management Company:	
Contact Name:	Phone No.
Address:	
After Hours Phone No:	Cellular No:
Fax #:	E-Mail:
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:

<u>REGISTRATION / INSPECTION FEE SCHEDULE</u>	
Per Unit Annually	\$40.00
1 st re-inspection	Included
2 nd & subsequent re-inspections	\$25.00

- *Tennant Information on Back of Form – Make Copies as necessary*

Unit Number:		Building Number:	
Address:			
No. of Tenants on Lease:		Contact Phone #:	
Names of Tenants over 18 Years of Age			
1.		3.	
2.		4.	
# of Minor Children:		Special Needs / Disabilities:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Unit Number:		Building Number:	
Address:			
No. of Tenants on Lease:		Contact Phone #:	
Names of Tenants over 18 Years of Age			
1.		3.	
2.		4.	
# of Minor Children:		Special Needs / Disabilities:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Unit Number:		Building Number:	
Address:			
No. of Tenants on Lease:		Contact Phone #:	
Names of Tenants over 18 Years of Age			
1.		3.	
2.		4.	
# of Minor Children:		Special Needs / Disabilities:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Unit Number:		Building Number:	
Address:			
No. of Tenants on Lease:		Contact Phone #:	
Names of Tenants over 18 Years of Age			
1.		3.	
2.		4.	
# of Minor Children:		Special Needs / Disabilities:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Unit Number:		Building Number:	
Address:			
No. of Tenants on Lease:		Contact Phone #:	
Names of Tenants over 18 Years of Age			
1.		3.	
2.		4.	
# of Minor Children:		Special Needs / Disabilities:	<input type="checkbox"/> Yes <input type="checkbox"/> No