

CHAPTER 11

HOUSING

PART 1

TENANT REGISTRATION REPORTS

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PART 1

TENANT REGISTRATION REPORTS

§101. Reporting of Occupancy. At any change of dwelling unit occupancy incident to the lease or sub-lease of said dwelling units by any person, firm or corporation owning or managing property within the Township of Coolbaugh, for a period exceeding 30 days, upon leasing or renting such property shall furnish to the Township on forms so designated, the name, address and additional occupants of the tenant or tenants within 10 days from the date of execution of the lease or, in the event that no written lease is executed, then within 10 days of occupancy of said property by the tenant or tenants.

§102. At any change of a dwelling unit occupancy, the requirements of Chapter 11 Part 2 Occupancy Limitations and Chapter 7 Part 3 Fire Safety Requirements shall be adhered to.

§103. Verification of compliance with this section shall be the responsibility of the Township Zoning Officer or a designated Township employee.

§104. Penalties Any person, firm or corporation who shall violate any provision of this Part, upon conviction thereof in an action brought before a district justice in the manner provided for the enforcement of summary offenses under the Pennsylvania Rules of Criminal Procedure, shall be sentenced to pay a fine of not more than \$1,000 plus costs and, in default of payment of said fine and costs, to a term of imprisonment not to exceed 90 days. Each day that a violation of this Part continues or each Section of this Part which shall be found to have been violated shall constitute a separate offense.

§ 105. Registration Form

Coolbaugh Township Tenant Registration Form

5550 Memorial Boulevard

Tobyhanna, PA 18466

Tel. # (570) 894-8490/Fax # (570) 894-8413

Lessor / Lessee Statement

Please refer To the Attached Instruction Information

1. We (I) are leasing the following residential property (unit) within Coolbaugh Township:

Address of property: _____ Lessor: _____

_____ Address: _____

Telephone: _____

Emergency Telephone: _____ Telephone: _____

2. Lessee information: (please print)

Lessee # 1

Lessee # 2

Name: _____

Term of agreement Start Date _____ End Date _____

3. Names of children or other individuals who will reside with the lessee: (please print)

Name	Date of Birth	Relationship to Lessee
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please use the back of this form for additional names

4. Total square footage of rental area: _____ sq. ft. Number of bedrooms: _____

5. Number of Required Smoke Alarms: _____ Battery: (y/n) _____ Electrically Wired: (y/n) _____

6. I (We) understand that I am to notify Lessor and Coolbaugh Township Zoning Office of any changes to the occupancy of this premises within five days of change.

7. I (We) verify that the facts set forth in this application are to the best of my (our) knowledge, information and belief. This verification is made subject to the penalties of Section 4904 of the Crimes Code (18 Pa. C.S. §4904) relating to Unworn falsification to authorities.

(lessee) (lessee)

Date _____

(lessor) (authorized agent)

Date _____