



700 Belvoir Rd.
Plymouth Meeting, PA 19462
610-277-4100 (Ph.)
610-277-4335 (FX.)
www.plymouthtownship.org

Plymouth Township Rental License Application

Please type or print clearly

I. Property Address	
Address:	

II. Property Owner	
Name:	E-Mail:
Address:	Phone #:
City, State, Zip:	Cell #:

III. Contact Person (for inspection of appointment)	
Name:	E-Mail:
Address:	Phone #:
City, State, Zip:	Cell#:

In accordance with Plymouth Township Ordinance # 1199, as amended, adopting the International property Maintenance Code 2009, by the council of Plymouth Township, I hereby make application for a license to operate:

Rooming House Apartment Single Family Dwelling Condominium
(Check one that applies)

**Each rental unit must be inspected by the Code Enforcement Department.
Failure to comply may result in a citation being issued. An occupant or agent
must accompany the inspector.**

****A License Fee of \$40.00 per Unit****
(apartment, room, condo, or single family dwelling)
MUST accompany each application.
A late fee, \$10 will be charged per unit after January 31 of each year.
(PAYABLE TO PLYMOUTH TOWNSHIP)

The applicant is certifying that he/she is the property owner or is acting as an agent for the owner of the property.

Applicant Signature: _____ Date: ____/____/____

-----Do not write below this line-----

IV. APPROVAL	
By:	Date:

**PLYMOUTH TOWNSHIP
CODE ENFORCEMENT DEPARTMENT
700 BELVOIR ROAD
PLYMOUTH MEETING, PA 19462
610-277-4103
Resident List**

	First Name	Last Name
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____
10.	_____	_____

I certify the above names are all the adults eighteen years of age or older that live at

Signature



GENERAL REQUIREMENTS FOR RENTAL HOUSING INSPECTIONS

1. Smoke detectors are required in every bedroom and on every floor including the attic if it has walk up steps.
2. Handrails required for steps that exceed 3 steps.
3. Guard rails are required if the drop off is 30 inches or higher.
4. Handrails & guardrails can't have an opening to allow a 4 inch sphere to pass.
5. A minimum 2 ½ lb. ABC dry chemical fire extinguisher with gauge required to be mounted in the kitchen area.
6. Any electrical outlet within 6feet of a water source, (bath, and laundry) is required to be GFI protected.
7. Any kitchen outlet along counters or island with outlets must be GFI protected.
8. Property must be clean.
9. Property must be in good repair.
10. All doors & windows must be in operable condition, no broken glass or ripped screens.
11. No rodents, insects, rubbish or garbage.
12. Roof in good repair.
13. No electrical hazards.
14. No overcrowding. (based on square footage specified in ICC Code)
15. Heater must be certified by a Heater Co., as capable of safe operation. (proof must be provided to the inspector at time of inspection or before)
16. No combustibles stored within 3 feet of the heater, water heater or any other gas or oiled fire equipment.
17. Masonry in good repair, no trip hazards on sidewalks etc.
18. CO Detector if applicable.

All buildings need to provide Manager, Maintenance person or owner / occupant with keys to access all areas

Required by Code

- ** Apartment buildings need to provide a copy of current fire alarm certification from their alarm Co.
- * If there is a sprinkler system a copy of the current certification must be provided (current year)



CODE ENFORCEMENT

700 BELVOIR ROAD
PLYMOUTH MEETING, PA 19462
PHONE: 610-277-4104
FAX: 610-277-4335

Date _____

Property Address

- Test and adjust oil burner for efficiency. YES [] NO [] N/A []
- Inspect combustion chamber. YES [] NO [] N/A []
- Clean and check electrodes & nozzle assembly. YES [] NO [] N/A []
- Check all safety and operating controls. YES [] NO [] N/A []
- Install air filter, oil filter cartridge, & burner nozzle if necessary. YES [] NO [] N/A []
- Oil all motors on burner, fans and circulators. YES [] NO [] N/A []
- Vacuum furnace & flue pipe, including chimney base. YES [] NO [] N/A []
- Visual inspection of chimney, from base. YES [] NO [] N/A []

Deficiencies: _____

I hereby certify that the above information is true to the best of my knowledge.

Print Name: _____

Sign: _____

Company Name: _____

Phone: _____