



CODES & INSPECTIONS
 DEPARTMENT 1301 12TH STREET,
 SUITE 103 ALTOONA, PA 16601
 (814) 949-2456

CONDITIONAL HOUSING PERMIT / RESIDENTIAL RENTAL UNIT LICENSE APPLICATION

REGISTRATION TYPE: INITIAL REGISTRATION RENEWAL REGISTRATION

ADDRESS:	CITY:	STATE:	ZIP CODE:
NO. OF UNITS PER BUILDING:		HOW ARE UNITS DESIGNATED:	
		(E.G., ETC.: A, B; 1, 2; 1ST FL, 2ND FL)	
HOW MANY LEASES ARE ASSOCIATED WITH THIS PROPERTY:			
WILL THIS BE USED AS STUDENT HOUSING? YES NO			
WILL THIS BE USED AS A ROOMING/BOARDING HOME? YES NO			

SECTION 2: OWNERSHIP INFORMATION (OWNER REFERS TO PERSON OR PERSONS WITH LEGAL TITLE)

OWNER'S NAME:		EMAIL:	
ADDRESS (NO PO BOXES):	CITY:	STATE:	ZIP CODE:
PHONE (HOME):	PHONE (CELL):	OTHER PHONE:	

SECTION 3: /MANAGER/CONTACT PERSON RESIDING IN BLAIR COUNTY (MANDATORY IF OWNER LIVES OUTSIDE BLAIR COUNTY)

NAME OF MANAGER/CONTACT PERSON:			
ADDRESS (NO PO BOXES):	CITY:	STATE:	ZIP CODE:
PHONE (HOME):	PHONE (CELL):		

IMPORTANT

PER CHAPTER 9 OF THE CODE OF THE CITY OF ALTOONA, THIS APPLICATION WILL NOT BE ACCEPTED WITHOUT THE TENANT REGISTRATION FORM AND PROOF OF RENTAL INSURANCE. BY SIGNING THIS APPLICATION, THE CITY OF ALTOONA CAN VERIFY THE STATEMENTS CONTAINED HEREIN BY CONDUCTING AN INSPECTION OF THE DWELLING. THE CITY MAY REQUIRE COPIES OF LEASES IF NECESSARY. SUBMISSION TO A FALSE STATEMENT TO A PUBLIC OFFICIAL, PURSUANT TO SECTION 4904 OF TITLE 18 OF THE PENNSYLVANIA CRIMES CODES, CONSTITUTES A MISDEMEANOR OF THE THIRD-DEGREE OFFENSE, PUNISHABLE BY A FINE AND IMPRISONMENT OF NOT MORE THAN ONE YEAR.

SIGNATURE OF APPLICANT

DATE

OFFICIAL USE ONLY

TENANT REGISTRATION FORM RECEIVED? <input type="checkbox"/> YES <input type="checkbox"/> NO
PROOF OF INSURANCE RECEIVED: <input type="checkbox"/> YES <input type="checkbox"/> NO
AMOUNT RECEIVED: \$ _____
PAYMENT TYPE: <input type="checkbox"/> CASH <input type="checkbox"/> CHECK/MONEY ORDER: _____ <input type="checkbox"/> CREDIT CARD: _____
RECEIVED BY: _____ DATE: _____

INSTRUCTIONS

SECTION 1. COMPLETE THIS SECTION BY GIVING THE ADDRESS OF THE RENTAL UNIT OR THE ADDRESS OF THE BUILDING THAT CONTAINS MULTIPLE UNITS. AN APPLICATION MUST BE FILLED OUT FOR EACH SEPARATE BUILDING. LIST THE NUMBER OF UNITS PER BUILDING AND EXPLAIN HOW THE UNITS ARE DESIGNATED (EXAMPLE, 1ST FLOOR, 2ND FLOOR, OR A, B, C, ETC.) CHECK YES OR NO IF THE RENTAL WILL BE USED FOR STUDENT HOUSING (APPROVAL BY ZONING HEARING BOARD REQUIRED).

SECTION 2. IN THIS SECTION, LIST THE OWNER NAME, ADDRESS (NO P.O. BOXES), CITY, STATE AND ZIP CODE. ALSO LIST THE OWNER PHONE NUMBERS, HOME, CELL AND/OR ALTERNATE, AND EMAIL.

SECTION 3. COMPLETE THIS SECTION IF THE OWNER USES A CONTACT PERSON RESPONSIBLE FOR MANAGING AND MAINTENANCE OF THE FACILITY. IF THE OWNER LIVES OUTSIDE OF BLAIR COUNTY, A CONTACT PERSON/FIRM WHO RESIDES IN BLAIR COUNTY MUST BE DESIGNATED. THIS PERSON/FIRM SHALL BE RESPONSIBLE FOR RECEIPT OF NOTICES AND SCHEDULING OF INSPECTIONS.

SIGN AND DATE THE FORM. MAIL THE FORM WITH YOUR FEE AND PROOF OF INSURANCE OR RETURN THE FORM IN PERSON TO THE ADDRESS AT THE TOP OF THE PAGE. CHECKS ARE MADE PAYABLE TO THE CITY OF ALTOONA.

CONTACT OUR OFFICE IF YOU HAVE ANY QUESTIONS AT (814) 949-2456 OR EMAIL INSPECTIONS@ALTOONAPA.GOV.

+++++

**FEEES FOR RENTAL REGISTRATION (AS OF 01-01-2023)
(DUE BY JULY 31ST OF EACH YEAR)**

\$60.00 PER UNIT FOR FIRST 4 UNITS PER BUILDING

\$20.00 EACH ADDITIONAL UNIT PER BUILDING THEREAFTER

HOW TO CALCULATE YOUR FEE(S)

UNITS PER BUILDING = _____

1 THROUGH 4 UNITS/BUILDING AT \$60.00 PER UNIT

_____ (# OF UNITS) X \$60.00 = _____

OR

NUMBER OF UNITS GREATER THAN 4 PER BUILDING = _____

_____ (# GREATER THAN 4) X \$20.00 = _____

MISCELLANEOUS FEES:

\$35.00 LICENSE TRANSFER FEE

\$50.00 INSPECTION NO-SHOW FEE

\$75.00 RE-INSPECTION FEE

\$100.00 REINSTATEMENT FEE OF RENTAL LICENSE REVOCATION