

BOROUGH OF MORTON

500 Highland Avenue

Morton PA 19070

Phone: 610-543-4565

Fax : 610-543-8392

MPreston@mortonboropa.org

2024 ANNUAL RENTAL INSPECTION APPLICATION

Owner Name: _____ Phone# _____

Property Address: _____

Owner Address: _____

(P.O.Box –NOT acceptable for owner/operator address)

Agent name if applicable _____ Phone# _____

Agent Address: _____

Contact Person: _____

Email address: _____ phone# _____

(person responsible for receiving communications, etc)

Application Fee Calculation Table

Total rental Units _____ x \$100.00 per unit = Total \$ _____

An additional charge of \$40.00 for a fire inspection for properties with more than five (5) units.

I certify that the statements contained herein are true and correct to the best of my knowledge and belief. I understand that if I knowingly make any false statements herein I am subject to the possible revocation of any certificate issued as a result of my false application and such other penalties as may be prescribed by law.

Owner Signature _____ Date _____

Agent Signature _____ Date _____

(if applicable)

Please complete and return with full payment and completed Tenant List to:

**Borough of Morton
500 Highland Avenue
Morton PA 19070
Attention: Code Official**

Upon receipt you will be contacted by the Code official to set up an inspection date

