City of Sharon, PA Fire Department Non-Owner Occupied Property (NOOP) License Application 155 West Connelly Blvd. Sharon, PA 16146 | P: 724.509.1014 | P: 724.418.4798 | F: 724.983.3202 | email: inspections@cityofsharon.net

Date of Application _	/ New 2 Year 2 Year R	enewal		
Property Address	One Property Address per Application			
Property Address		Number of Units		
Owner Information	If Not a Mercer County PA Resident Complete Property Manager Info Below			
First/Last Name	Birthdate/// _// //			
Driver's License Birthdate, Driver's License, 8	State Social Security Number (Last Fou , & SSN is voluntary, requested by the authority of the Code Office for identification			
Company Name	If applicant is a company name, the owner(s) name(s) is required above			
Owner Address	No Post Office Box – Must have a physical address. We will mail to Post Office Box (see below)			
Post Office Box Optional	We will mail to Post Office Box if you have provided a physical address above			
Owner Phone	() Owner Email			
Owner Fax	()			
Designated Agent or F	Property Manager Information Mercer County PA Office or Reside	ency is REQUIRED		
First/Last Name				
Company Name If an agency is being used, tl	the agency contact is required			
Agent Address	No Post Office Box – Must have a physical address. We will mail to Post Office	e Box (see below)		
Post Office Box Optional	We will mail to Post Office Box if you have provided a physical address above			
Agent Phone	() Agent Email			
Agent Fax	()			
Pri	int:			
Sig	gnature: Date	e//		

By providing your name, signature, and date you state that you understand and will abide by the above.

Fee Schedule

Every landlord shall pay a license fee.

Bi-Annual License Fee: \$125 per Dwelling Unit Re-Inspection Fee: \$50 per Dwelling Unit

Inspections will not be scheduled until payment of required fees are made.

City of Sharon Ordinance 02-2024 Non-Owner-Occupied Property Licensing Ordinance Copies of the Ordinance that pertains to the NOOP Licensing can be found at the following link:

https://www.cityofsharon.net/media/Ordinances/2024/Ord%2002-24%20Non-Owner% 20Occupied%20Property%20Ordinance.

## International Property Maintenance Code (IPMC)

The current IPMC as published by the International Code Council (ICC) has been adopted as the Code of the City of Sharon for the control and regulation of the dwelling or dwelling unit. Copies of the current International Property Maintenance Code (IPMC) can be found at the Code Enforcement Office and at the city's website (www.cityofsharon.net) under City Services-Code Enforcement-International Property Maintenance Code).

Responsibility is fixed among the owner, designated agent, and occupants for code compliance including but not limited to the Sharon Codified Ordinances and the current International Property Maintenance Code.

Please return <u>all</u> pages completed in full including completed tenant sheets in person, fax, email or by mail to: City of Sharon Fire Department, Attention: NOOP Official. Payment by cash, check, or money order are made payable to the <u>City of Sharon, PA</u>.

Print: \_\_\_\_\_

Signature:	Date	1	/
Signature.	 Date		/

By providing your name, signature, and date you state that you understand and will abide by the above.

## <u>City of Sharon PA Tenant Information for Rental Properties</u> One Tenant Sheet per Unit. Please ask for or make additional copies if needed.

Current Date/	/				
Notice of tenants occupyi	ng				_ Sharon, PA 16146
Unit/Apt Number	Position of Unit			_ (upstairs, downst	airs, side by side, etc.)
Tenant Information					
First / Last (over 18)					
Phone(s)					
First / Last (over 18)	<u> </u>				
Phone(s)	. <u></u>				
First / Last (over 18)	. <u></u>				
Phone(s)	<u> </u>				
First / Last (over 18)	<u> </u>				
Phone(s)					
First / Last (over 18)					
Phone(s)					
First / Last (over 18)					
Phone(s)					
Date Occupancy Began	/ /				
Number of People in Hous			18+)	Child	dren (under 18)
Number of Bedrooms					
Pets in Household	Yes	No	Number of	Pets in Household_	
			Notice:		
		-			e City of Sharon, PA NOOP
				en (10) days of the ections of the prop	change; and to notify the
	tenant(s) of any a	anu an sc	neuuleu ins	bections of the prop	Jerty.
Print:					
Signature	):			Date	//

## Authorization of Representative Form – Rental Application (required)

## Individual:

	to act as the
authorized representative for the re	ntal unit located at (address):
Name (print)	
Signature	Date
Partnership, Corporation, or S	<u>milar Entity</u> :
I designate (print)	to act as the authorized
representative for the rental unit lo	ated at
Name (print)	
Signature	Date
I further certify that I have the authors and the section of the s	prity to execute this form on behalf of the party and that I
The individual or sole proprietor	
An officer of the corporation that A partner of the general partner	
A general partner of the limited	
A manager of the limited liability	company that is the party
_	ors of the professional association that is the party
A trustee of the business trust the Of the public body and body cor	
Authorized Representative Co	<u>itact Info</u> :
Name	Address

Phone	E-mail
FIDIE	

City\_\_\_\_\_ State & Zip\_\_\_\_\_