BOARD OF SUPERVISORS
WARRINGTON TOWNSHIP
3345 ROSSTOWN ROAD
WELLSVILLE, PENNSYLVANIA 17365
PHONE: 717-432-9082
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2026 APPLICATION FOR PERMIT FOR OCCUPANCY OF LEASED OR RENTED PROPERTY

(Please complete Sections 1, 2, 3, 5)

1 LANDLORD/RENTAL INFORMATION

LANDLORD NAME: _____ DATE: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

_____ OWNER _____ PROPERTY MANAGER

RENTAL UNIT:

RENTAL ADDRESS: _____ UNIT/LOT/APT NUMBER: _____

CITY: _____ STATE: _____ ZIP: _____

2

(Please check all that apply):

____This is NO LONGER A RENTAL UNIT.

____This Rental Unit is VACANT but will be rented in the future.

____This Rental Unit is UNINHABITABLE and will no longer be a rental unit.

____Rental Unit is occupied by an immediate relative that does not pay rent (mother, father, son, daughter)

____Rental Unit is Short Term Rental (which is not exempt from the Permit fee).

3

Permit Fee-$50 per Unit/Apt

Number of Rental Units: _____ Total Amt Remitted: $_____

4

(Township Only): _____ Check # _____

Date Paid: _____ _____ Cash

Township Employee Int: _____ _____ Credit Card

5 I HEREBY CERTIFY THE INFORMATION GIVEN IS TRUE AND CORRECT TO THE BEST OF MY INFORMATION, KNOWLEDGE, AND BELIEF.

_____

APPLICATANT'S SIGNATURE (Owner, Landlord, Agent)

_____

DATE

RETURN COMPLETED FORM TO WARRINGTON TOWNSHIP BY JAN 31, 2026 TO AVOID VIOLATION FINES

PENALTY FOR VIOLATION $600

2026—TENANT INFORMATION:

UNIT/APARTMENT 1

RENTAL UNIT:

RENTAL ADDRESS: _____ UNIT/LOT/APT NUMBER: _____

CITY: _____ STATE: _____ ZIP: _____

TENANTS: (over the age of 18)

FIRST NAME: _____ LAST NAME: _____

PLACE OF EMPLOYMENT: _____ LAST 4 SS#: _____ PHONE: _____

FIRST NAME: _____ LAST NAME: _____

PLACE OF EMPLOYMENT: _____ LAST 4 SS#: _____ PHONE: _____

FIRST NAME: _____ LAST NAME: _____

PLACE OF EMPLOYMENT: _____ LAST 4 SS#: _____ PHONE: _____

FIRST NAME: _____ LAST NAME: _____

PLACE OF EMPLOYMENT: _____ LAST 4 SS#: _____ PHONE: _____

UNIT/APARTMENT 2

RENTAL UNIT:

RENTAL ADDRESS: _____ UNIT/LOT/APT NUMBER: _____

CITY: _____ STATE: _____ ZIP: _____

TENANTS: (over the age of 18)

FIRST NAME: _____ LAST NAME: _____

PLACE OF EMPLOYMENT: _____ LAST 4 SS#: _____ PHONE: _____

FIRST NAME: _____ LAST NAME: _____

PLACE OF EMPLOYMENT: _____ LAST 4 SS#: _____ PHONE: _____

FIRST NAME: _____ LAST NAME: _____

PLACE OF EMPLOYMENT: _____ LAST 4 SS#: _____ PHONE: _____

FIRST NAME: _____ LAST NAME: _____

PLACE OF EMPLOYMENT: _____ LAST 4 SS#: _____ PHONE: _____

*Please fill out all information. Use additional pages if you have more than two rental units.

*Last four of Social Security number is required and is reported to York County Tax Bureau as identification only so persons are not duplicated in their system.

*Phone numbers for tenants are required for First Responders information in case of emergency situation.

*Landlords are required to notify the township of any changes/tenants moving in or out within 10 days of change.

*Tenant information is required on an annual basis by January 31st.