

**Borough of Collingdale**  
 800 MacDade Boulevard  
 Collingdale, Pennsylvania 19023

Phone: 610-586-0500

Fax: 610-586-9065

**Annual Rental Dwelling License Application**

**Rental License Fee: \$100.00      Re-inspection Fee: \$60.00**  
 Please make checks payable to: *"Borough of Collingdale"*

Rental Property Address: \_\_\_\_\_ # of Units within property: \_\_\_\_\_  
 Current Owner/Landlord Name and Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Apt/Unit #: \_\_\_\_\_

***ALL PROPERTIES MUST COMPLY WITH ORDINANCE #617***

Rental Unit Description : Number of rooms (List number):

Kitchen(s) \_\_\_ Bathroom(s) \_\_\_ Living Room(s) \_\_\_ Dining Room(s) \_\_\_ Bedroom(s) \_\_\_ Other \_\_\_

Is there an apartment or sleeping quarters on the 3<sup>rd</sup> floor or higher?    Yes    No

**IMPORTANT: THE FOLLOWING INFORMATION MUST BE COMPLETED!**  
 List all residents that reside at this property, please include unit numbers.  
**USE ADDITIONAL SHEETS IF NECESSARY.**

**Tenant Information:**

Name, Address, Unit #	Total # Individual/Family Members Occupying Unit	Total # of Occupanrts

Fee Paid: \_\_\_\_\_ Date: \_\_\_\_\_    Cash    Check #: \_\_\_\_\_ Received by: \_\_\_\_\_