

Borough of Honey Brook

71 Pequea Avenue / PO Box 249
Honey Brook, PA 19344
610-273-2020 / FAX 610-273-1261
Email: info@hbboro.net

FOR OFFICE USE ONLY

Date of Last Inspection _____
Inspection Fee \$ _____ Date _____ Check # _____
Re-Inspection Fee \$ _____ Date _____ Check # _____

2026 RENTAL UNIT REGISTRATION AND LICENSE APPLICATION

New Registration ___ Renewal ___ Change in Owner/Property Manager ___

RENTAL PROPERTY ADDRESS

Address _____

Type of Rental: Single Family Dwelling ___ Apartment(s) _____ Number of Apartments(s) _____

PROPERTY OWNER INFORMATION

Name _____ Business Name _____

Address _____ City: _____ State: _____ Zip: _____

Phone Numbers: Day _____ Cell _____ Email _____

Emergency Contact: Name _____ Address _____

City _____ State _____ Zip _____ Phone _____

PROPERTY MANAGEMENT INFORMATION (If a Property Manager is used for this rental property, please provide the following information:

Company Name _____ Contact Person _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

OWNER/AGENT CERTIFICATION

I hereby attest to the truth and accuracy of the information contained in the application and grant the Borough of Honey Brook permission to conduct any and all inspections required and affirm that all tenants of the subject property will be informed of required and scheduled inspections.

Printed Name: _____

Signature: _____ Date: _____

Please complete both sides of this form and mail/email/fax to Honey Brook Borough.

RENTAL UNIT(S) INFORMATION

Apartment/Unit # _____ Number of Bedrooms _____ Number of Adult Occupants _____
Number of Children under 18 years of age _____ Tenant Phone Number _____
Names of all adult Occupants:

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