CITY OF READING • PROPERTY MAINTENANCE DIVISION

APPLICATION
REHABILITATION AGREEMENT

Follow instructions listed on instruction sheet, for further information call 1-877-727-3234

PURPOSE: Agreement for rehabilitation of property. Agreement is designed to facilitate the property owner in their property rehabilitation by compliance of local codes & ordinances.

1. APPLICATION TYPE
   ☐ New Rehabilitation Agreement
   ☐ Rehabilitation Extension

2. Address of Property
   City
   State
   ZIP Code

3. Current unit(s) in property?

   Property increase or decrease in units? From #______ to #______ ☐ N/A

4. HISTORIC DISTRICT:

5. Owner Name (First, Last)

6. Owner's Address (P.O. box not acceptable)
   City
   State
   ZIP Code

7. Owner Daytime Telephone No.
   (     ) -

8. Owner Evening Telephone No.
   (     ) -

9. Owner FAX No.
   (     ) -

10. Owner E-Mail Address

11. Contact (person responsible for receiving communication, violation notices, etc.)
   ☐ GENERAL CONTRACTOR (optional)
   ☐ OWNER

12. Name of Contractor

13. Contractor's Address
   City
   State
   ZIP Code

14. Contact Daytime Telephone No.
   (     ) -

15. Contact Evening Telephone No.
   (     ) -

16. Contact FAX No.
   (     ) -

17. Contact E-Mail Address

18. Rehabilitation

   The property owner must prove to the appropriate agencies of the City of Reading, including but not limited to, the Property Maintenance Division, the Building and Trades Division, Historic Preservation Office, and the Blighted Property Review Committee, that the subject property is code-compliant and ready for its appropriate use as defined by the Zoning Division.

   Please be advised that repairs or alterations to any electrical, mechanical, or plumbing system will require a Building and Trades permit issued to a contractor licensed by the City of Reading. Likewise, any repairs or alterations to any structural element or means of egress components (stairs, doors, handrails, etc.) will also require a Building and Trades permit. For any clarification regarding building permit requirements, call Building and Trades at 610-655-6284 or stop by City Hall at 815 Washington St., Room 3-10, Monday through Friday, between the hours of 8:00AM and 4:00PM.

   A Certificate of Appropriateness from the Historic Officer must be obtained on any work required on the façade of a building within a Historic District prior to commencement of work.

OFFICIAL USE Eligibility:
☐ Housing Registration Completed
☐ Property requires 75% rehabilitation
☐ Fees paid to date

REHAB (Rev. 08/17)
19. General Work Plan (attach additional sheets if needed)

20. Timeline:

<table>
<thead>
<tr>
<th>Activity</th>
<th>Start Date</th>
<th>End Date</th>
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<tbody>
<tr>
<td>Exterior</td>
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<tr>
<td>Roof</td>
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<td>Accessory Structures</td>
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<tr>
<td>Electrical</td>
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<td>Interior</td>
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<td>Other</td>
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OFFICIAL USE/PERMIT

<table>
<thead>
<tr>
<th>Trades</th>
<th>PMI</th>
<th>Historic</th>
<th>Zoning</th>
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OFFICIAL USE (sign & date)

Trades_________________________________
PMI___________________________________
Historic_______________________________

Permit#________________________________
Control#_______________________________

21. Contractor Certification (If applicable)

Contractor used must be licensed as required by the City of Reading, have appropriate insurance and, in the case of home improvement contractors, be registered with the State Attorney General’s Office.

Contractors’ Signature ___________________________ Date ____________________

22. Owner/ Certification

I certify that the Contractor named above has been designated to act as my legal representative with regard to the property listed in Section 2 of this application.

I hereby verify that the information provided on this application is true and correct to the best of my knowledge, Information, and belief. I understand that false statements made herein are subject to penalties of 18 Pa. C.S.A. §4904, relating to unsworn falsification to authorities.

_____________________________________________ __________________________
Signature of Property Owner/Partner/Officer(Required) Title (of Partner/Officer if applicable)

_____________________________________________ __________________________
Print Name Date

OFFICIAL USE

☐ APPROVED ____________________________ ☐ DENIED ____________________________

Reason: ____________________________ ____________________________

_______________________________

REHAB (Reverse of 1) (Rev. 08/17)