



24 Analomink Street, East Stroudsburg, PA 18301

Phone: 570.421.8300 Fax: 570.421.5575 Web: www.eaststroudsburgboro.org

RIGHT-TO-KNOW RESPONSE LETTER

May 9, 2024

Danni Christopher
2605 Maitland Center Parkway, Suite C
Maitland, FL 32751

Request No. 12-2024 DLD

Dear Danni,

Thank you for your request for information pursuant to the Pennsylvania Right-To-Know law.

You requested records pertaining to any open, pending, expired permits & demolition permits that need attention and any fees due currently, plus any Code violations or fines, and any unrecorded liens/fines/special assessments due for the property address of 240 Harris Street, Unit C3 East Stroudsburg, PA 18301, Parcel # 05-5.2.16.2-32.

I have attached the information requested to this email. The property owner has paid for a Rental License for 2023-2024 but has not been issued one for they have turned in a Registration for a Residential Rental License application for the property. I have included one in the packet to show you what needs to be turned in, in order for the property to be issued a current Rental License.

Should you have any additional questions regarding these matters, please contact me at the Borough Office. If I did not capture the information you are inquiring about, please advise and we can revise your request, so you receive the data you are seeking.

Sincerely,

Danielle Decker
Right-to-Know Officer
East Stroudsburg Borough
24 Analomink St.
East Stroudsburg PA 18301
570.421.8300 x101
Danielle.decker@eaststroudsburgboro.org

Borough Manager – Interim Peter Marshall
Mayor – Victor Brozusky
Solicitor – John C. Prevoznik, Esquire
Engineer – R.K.R. Hess, Division of UTRS
Engineer, Sewer – R.K.R. Hess, Division of UTRS

President of Council – Sonia C. Wolbert (1st Ward)
Council Vice President – Carrie Panepinto (4th Ward)
Council Member – Edmund T. Freeborn (3rd Ward)
Council Member – Paul Shemansky (2nd Ward)
Council Member – Jane Gagliardo (5th Ward)
Council Member – Erika Huber (6th Ward)

Finance Officer - Vacant
DPW Director – Lee Philips
Zoning Officer – Sam D'Alessandro
Health Officer – Tom Detweiler
Building Code Official – Manter Inspection



Done - Return to Account Screen

ACTIVE Account 72030-0

Thomas & Linda Kemmerer

240 Harris St Unit 3
E. Stroudsburg, PA 18301

Account Start Date:
Account End Date:
Trash Serial Number:
Can Size:
Sequence: 0
Route: Book #7
Municipality: E. Stroudsburg
Address 2:
Email:
Phone:
Last Penalty Date: 05/08/2024
Last Notice Date: 01/31/2023
Business Name:
Is Rental: Yes

Account Balance Details

Credit History

Balance	Current	30 days	60 days	90 Days	120 days	365 days
Deposits 0.00						
Rental 0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Water 10.69	0.97	9.72	0.00	0.00	0.00	0.00
Sewer 8.93	0.81	8.12	0.00	0.00	0.00	0.00
Refuse 0.00	0.00	0.00	0.00	0.00	0.00	0.00
Lien 0.00	0.00	0.00	0.00	0.00	0.00	0.00
Hydrant and Sprinkler 0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total \$19.62	\$1.78	\$17.84	\$0.00	\$0.00	\$0.00	\$0.00



EAST STROUDSBURG BOROUGH
24 ANALOMINK ST EAST STROUDSBURG, PA 18301
Ph: (570) 421-8300 Fax: (570) 424-5141

2021-22 RENTAL LICENSE

RESIDENTIAL

Permit No: 211070 Zone: R-3

Applicant: KEMMERER THOMAS L LINDA R
~~254 EAST BROAD ST~~
~~EAST STROUDSBURG, PA 18301~~

Property Location: 240 HARRIS ST C3
EAST STROUDSBURG, PA 18301

Parcel ID: 05730112863003C3 Account: 05-5.2.16.2-32

Description of Work: 2021-22 REGISTRATION

Issue Date: 10/1/2021 Expire Date: 8/31/2022

Pursuant to Ordinance #1261, the aforementioned Individual and/or Company has received authorization from the Borough of East Stroudsburg to utilize the aforementioned Dwelling Unit as a Regulated Residential Rental Unit. It is the responsibility of the Owner, Manager and Occupant(s) to comply with all provisions of Ordinance #1261. Failure to comply with the Ordinance will result in the suspension and/or revocation of this License and subsequent enforcement action and penalties.

MARV WALTON, ZONING/CODE OFFICIAL



Monday, March 29, 2021

THOMAS L LINDA R KEMMERER

254 EAST BROAD ST

EAST STROUDSBURG, PA 18301

Subject: RENTAL LICENSE DENIAL
Location: 240 HARRIS ST C3
ParcelID: 05730112863003C3

Dear Mr. and Mrs. Kemmerer

This is to advise you that the Borough is in receipt of your Registration For Residential Rental License for the 2020/2021 license year for your residential rental unit located at the above address, however the Borough is unable to issue a Residential Rental License for the unit at this time, due to the following outstanding issue(s):

1. Section 124-5.A.(1)(a)[1] of Ordinance #1261 states: A Residential Rental License shall not be issued or renewed until all overdue real estate taxes, water, sewage and solid waste collection fees that are owed to the Borough of East Stroudsburg or its authorities or assignees or lessees have been paid in full for all properties owned, in whole or in part, by Applicant in the Borough. Although the 2 properties owned by you at 240 Harris Street (C-3 & C-6) have payment agreements, the property owned by you located at 254 East Broad Street has outstanding water, sewer and solid waste collection bills and is not the subject of a payment agreement. Entering into a payment agreement or payment of the outstanding balance(s) in full for 254 East Broad Street will resolve this issue. Please contact the Borough Finance Office for the current balance(s) due.

A Residential Rental License for the unit will be issued once these issues are resolved. Occupancy of the residential rental unit without the required license constitutes a violation of the Ordinance and will be handled accordingly. Please be advised that if you disagree with this Notice or believe it has been issued in error, Section 124-6.E. of the Ordinance states that any person aggrieved by a decision, notice, or order of the Code Enforcement Officer, under this Chapter, shall have the right to appeal to the Borough of East Stroudsburg Property Maintenance Board of Appeals within thirty (30) days after receipt of the Notice.

Please contact this office if you have any questions.

Sincerely,

MARV WALTON, ZONING/CODE OFFICIAL
EAST STROUDSBURG BOROUGH



EAST STROUDSBURG BOROUGH
24 ANALOMINK ST EAST STROUDSBURG, PA 18301

Ph: (570) 421-8300

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www.eaststroudsburgboro.org

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THOMAS L LINDA R KEMMERER

254 EAST BROAD ST

EAST STROUDSBURG, PA 18301

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Location: 240 HARRIS ST C3
ParcelID: 05730112863003C3

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Sincerely,

MARV WALTON, ZONING/CODE OFFICIAL
EAST STROUDSBURG BOROUGH



EAST STROUDSBURG BOROUGH
 24 ANALOMINK ST EAST STROUDSBURG, PA 18301
 Ph: (570) 421-8300 Fax: (570) 424-5141

Inspection Type: Property	SubType: Property	Location: 240 HARRIS ST C3
Task Performed: RENTAL		Owner: KEMMERER THOMAS L LINDA R
Inspect Date: 12/31/2020	Time: 10:00:00 AM	Agent:
Inspector: MJR	Start:	Finish:
		License:

LIVING AREAS	LIVING ROOM											
	PASS	FAIL	N/A	PASS	FAIL	N/A	PASS	FAIL	N/A	PASS	FAIL	N/A
Condition of Floor	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Adequate Lighting	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Window Condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Windows Screened	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2 Electrical Outlets	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Wall Ceiling Condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Comments

SLEEPING AREAS	BEDROOM 1			BEDROOM 2			BEDROOM 3			BEDROOM 4		
	PASS	FAIL	N/A	PASS	FAIL	N/A	PASS	FAIL	N/A	PASS	FAIL	N/A
Smoke Detector	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Lighting Provided	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Window Condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Windows Screened	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2 Electrical Outlets	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Door Wall Ceiling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Comments

ROOM WITH WATER SOURCE	KITCHEN			BATHROOM 1			LAUNDRY			BATH # 2		
	PASS	FAIL	N/A	PASS	FAIL	N/A	PASS	FAIL	N/A	PASS	FAIL	N/A
Lighting Provided	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Window Condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Windows Screened	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Vent if No Window	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GFI within Req Distance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grounded Outlet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Dryer Vent to Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Comments

INTERIOR	PASS	FAIL	N/A	EXTERIOR	PASS	FAIL	N/A
Required Smoke Detectors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Required House Number	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Required CO Detectors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Handrails and Guards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handrails and Guards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chimney Condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Switch Up and Down Stairs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Windows and Screens	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical Panel Box	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Junk or Rubbish	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hot Water Heater Relief	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Condition of Lawn and Lot	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Light in Hallways	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fire Rated Assembly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments

M. J. Rubino
 Inspector



EAST STROUDSBURG BOROUGH
 24 ANA.LOMINK ST EAST STROUDSBURG, PA 18301
 Ph: (570) 421-8300 Fax: (570) 424-5141

Inspection Type: Property	SubType: Property	Location: 240 HARRIS ST C3
Task Performed: RENTAL		Owner: KEMMERER THOMAS L LINDA R
Inspect Date: 10/19/2020	Time: 11:00:00 AM	Agent:
Inspector: MJR	Start:	Finish:
		License:

LIVING AREAS	LIVING ROOM			[]			[]			[]		
	PASS	FAIL	N/A	PASS	FAIL	N/A	PASS	FAIL	N/A	PASS	FAIL	N/A
Condition of Floor	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Adequate Lighting	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Window Condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Windows Screened	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2 Electrical Outlets	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Wall Ceiling Condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Comments []

SLEEPING AREAS	BEDROOM 1			BEDROOM 2			BEDROOM 3			BEDROOM 4		
	PASS	FAIL	N/A	PASS	FAIL	N/A	PASS	FAIL	N/A	PASS	FAIL	N/A
Smoke Detector	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Lighting Provided	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Window Condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Windows Screened	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2 Electrical Outlets	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Door Wall Ceiling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Comments 1.) PROVIDE INTERCONNECTED MOKE DETECTORS IN ALL BEDROOMS (OUTSIDE ALL BEDROOMS) , LIVING AREA'S & LOFT AREA AS PER CODE.

ROOM WITH WATER SOURCE	KITCHEN			BATHROOM 1			LAUNDRY			BATH # 2		
	PASS	FAIL	N/A	PASS	FAIL	N/A	PASS	FAIL	N/A	PASS	FAIL	N/A
Lighting Provided	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Window Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Windows Screened	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Vent if No Window	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GFI within Req Distance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grounded Outlet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Dryer Vent to Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Comments 2.) REMOVE DRYER VENT IF NOT IN USE.

INTERIOR	PASS	FAIL	N/A	EXTERIOR	PASS	FAIL	N/A
Required Smoke Detectors	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Required House Number	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Required CO Detectors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Handrails and Guards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handrails and Guards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chimney Condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Switch Up and Down Stairs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Windows and Screens	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical Panel Box	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Junk or Rubbish	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hot Water Heater Relief	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Condition of Lawn and Lot	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Light in Hallways	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fire Rated Assembly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[]

Mike J. Rubino
 Inspector

Agent



EAST STROUDSBURG BOROUGH
 24 ANALOMINK ST EAST STROUDSBURG, PA 18301
 Ph: (570) 421-8300 Fax: (570) 421-5575

Inspection Type: Property	SubType: Property	Location: 240 HARRIS ST C3	
Task Performed: RENTAL		Owner: KEMMERER THOMAS L LINDA R	
Inspect Date: 10/9/2019	Time: 11:00:00 AM	Agent:	
Inspector: MJR	Start:	Finish:	License:

LIVING AREAS	LIVING ROOM	PASS	FAIL	N/A	PASS	FAIL	N/A	PASS	FAIL	N/A	PASS	FAIL	N/A
Condition of Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Adequate Lighting	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Window Condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Windows Screened	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2 Electrical Outlets	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Wall Ceiling Condition	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Comments: 1.) Provide finished ceiling in living room / Kitchen area (Exposed electrical service lines)

SLEEPING AREAS	BEDROOM 1	PASS	FAIL	N/A	BEDROOM 2	PASS	FAIL	N/A	BEDROOM 3	PASS	FAIL	N/A	BEDROOM 4	PASS	FAIL	N/A
Smoke Detector	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Lighting Provided	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Window Condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Windows Screened	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2 Electrical Outlets	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Door Wall Ceiling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Comments: 2.) Provide Interconnected smoke detectors in all bedrooms (outside bedrooms) , Living area's & Attics /Loft area as per code.

ROOM WITH WATER SOURCE	KITCHEN	PASS	FAIL	N/A	BATHROOM 1	PASS	FAIL	N/A	LAUNDRY	PASS	FAIL	N/A	Bath # 2	PASS	FAIL	N/A
Lighting Provided	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Window Condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Windows Screened	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Vent if No Window	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GFI within Req Distance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grounded Outlet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Dryer Vent to Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Comments: Provide dryer vent outside. , Provide working GFCI in main bath (Not controlled by a switch.)

INTERIOR	PASS	FAIL	N/A	EXTERIOR	PASS	FAIL	N/A
Required Smoke Detectors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Required House Number	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Required CO Detectors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Handrails and Guards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handrails and Guards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chimney Condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Switch Up and Down Stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Windows and Screens	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical Panel Box	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Junk or Rubbish	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hot Water Heater Relief	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Condition of Lawn and Lot	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Light in Hallways	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fire Rated Assembly	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

4.) Provide handrail @ stairs to 2nd. Floor.

Complete fire seperation between dwellings as per code.

Mate J. Rubino

Inspector



Monday, December 4, 2017

THOMAS L LINDA R KEMMERER

54 EAST BROAD ST

EAST STROUDSBURG, PA 18301

Subject: RENTAL REGISTRATION
Location: 240 HARRIS ST
ParcelID: 05730112863003C3

Dear Mr. and Mrs. Kemmerer,

This is to advise you that the Borough is in receipt of your Registration For Residential Rental License for the 2017/2018 license year for your residential rental unit located at the above address, however the Borough is unable to issue a Residential Rental License for the unit at this time, due to the following outstanding issue(s):

1. Section 124-5.A.(1)(a) (1) of Ordinance #1261 states: "A Residential Rental License shall not be issued or renewed until all overdue real estate taxes, water, sewage and garbage/rubbish collection fees that are owed to the Borough of East Stroudsburg or its authorities or assignees or lessees have been paid in full for all properties owned, in whole or in part, by Applicant in the Borough." The property has outstanding water, sewer and trash collection bills. A tabulation of the balance due is attached. Payment of the outstanding balances will resolve this issue.

A Residential Rental License for the unit will be issued once these issues are resolved. Occupancy of the residential rental unit without the required licenses constitutes a violation of the Ordinance and will be handled accordingly. Please be advised that if you disagree with this Notice or believe it has been issued in error, Section 124-6.E. of the Ordinance states that any person aggrieved by a decision, notice, or order of the Code Enforcement Officer, under this Chapter, shall have the right to appeal to the Borough of East Stroudsburg Property Maintenance Board of Appeals within thirty (30) days after receipt of the Notice.

Please contact this office if you have any questions.

Sincerely,

MARV WALTON, ZONING/CODE OFFICIAL
EAST STROUDSBURG BOROUGH



*missing form

REGISTRATION FOR RESIDENTIAL RENTAL LICENSE

PROPERTY OWNER INFORMATION:

Name: _____ Phone: _____
Address: _____ E-Mail: _____

PROPERTY MANAGER INFORMATION: *(Required if Property Owner does NOT reside within a twenty (20) mile radius of the Borough of East Stroudsburg and within the Commonwealth of Pennsylvania)*

Name: _____ Phone: _____
Address: _____ E-Mail: _____

PROPERTY LOCATION:

Address: _____ PIN # _____

TENANT INFORMATION: *The Borough MUST be notified of any tenant changes within ten (10) days. Please list names, telephone numbers and e-mail addresses of all Occupants over 18 years of age: No More than four (4) unrelated persons may occupy a Regulated Rental Unit. If the Rental Unit is vacant, please write VACANT in the Name space below.*

Name: _____ Phone: _____

Employer: _____ E-Mail: _____

Name: _____ Phone: _____

Employer: _____ E-Mail: _____

Name: _____ Phone: _____

Employer: _____ E-Mail: _____

Name: _____ Phone: _____

Employer: _____ E-Mail: _____

SIGNATURE OF APPLICANT: _____ **DATE:** _____

By signing below I verify that subject to penalties of 17 Pa. C.S. Section 4904, relating to unsworn falsifications to authorities, that the above information is accurate.

For Office Use Only:

Fee Paid _____ Date _____ Amount _____ Check# _____