

# SHORT TERM RENTAL APPLICATION

PAUPACK TOWNSHIP, WAYNE COUNTY PA

Tax Map # 19-0- \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Application # (twp. use) \_\_\_\_\_

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Print or type

## Property Owner Information

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Name of Local Contact Person If Different than above (24 Hour)

\_\_\_\_\_

Phone Number of Local Contact (24 Hour) \_\_\_\_\_

Property Address: \_\_\_\_\_

\_\_\_\_\_

Name of Community Association/HOA (If Applicable) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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## Property Information

TAX PARCEL(PIN) # \_\_\_\_\_ CONTROL # \_\_\_\_\_

PROPERTY SIZE (AC/SQ FT) \_\_\_\_\_ ZONED DISTRICT \_\_\_\_\_

PROPERTY LOCATION (Community Name/HOA, Street Name, Lot Number – If not in a community give road names of nearest intersection)

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Sewage Disposal: \_\_\_\_\_ (On-Lot) \_\_\_\_\_ (Public)

Water Supply: \_\_\_\_\_ (Individual Well) \_\_\_\_\_ (Public)

Road Access: Private Road \_\_\_\_\_ Municipal Road \_\_\_\_\_ State Road \_\_\_\_\_

## Information for Permit

Name of Managing Agency: \_\_\_\_\_

24 Hour Telephone # of owner's Managing Agency \_\_\_\_\_

Marketing Entity ID # \_\_\_\_\_

Total Habitable Floor Space (sq. ft.) \_\_\_\_\_

Total Number of Bedrooms (Advertised): \_\_\_\_\_

Number of Dwellings on Property: \_\_\_\_\_

Maximum # of Vehicles Allowed for Overnight Occupants: \_\_\_\_\_

Septic System Age (approx.) \_\_\_\_\_ Last Service Date: \_\_\_\_\_

Central Sewer: (Y/N) \_\_\_\_\_

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DATE ISSUED: \_\_\_\_\_

COMPLIANCE OFFICER: \_\_\_\_\_

## Return Completed Application And All Supporting Documentation To:

**Paupack Township Zoning Officer**

Phone:(570) 226-3115

25 Daniels Road

Fax:(570) 226-4257

Lakeville, PA 18438

### Applicant/Owner Certification

I (We) hereby represent that the information provided herein and documents submitted herewith are true and correct and request that a Short Term Rental Permit be issued in reliance thereon. Further, I (We) have read all regulations pertaining to the operation of a Short Term Rental and agree to comply with them and the Paupack Township Short Term Rental Ordinance. Signing of this application authorizes the Township Compliance Officer to perform all inspections required to ensure compliance with the Paupack Township short Term Rental Ordinance.

Owner(s) Signature: \_\_\_\_\_ Date \_\_\_\_\_

Co-Owner: \_\_\_\_\_ Date \_\_\_\_\_

Note: If the applicant is not the owner, written permission of the owner is required.

Application Fee \$1200.00– Check Payable to Paupack Township

Sewer Enforcement Officer Approval (If Applicable) \_\_\_\_\_

Building Code Enforcement Officer Approval (If Applicable) \_\_\_\_\_

### Compliance Officer use Only

Date Application Received: \_\_\_\_\_ Fee: \$ \_\_\_\_\_ Check #/Cash \_\_\_\_\_

Application Complete ( ) Application Incomplete ( ) ; Reasons \_\_\_\_\_

Permit Issued: ( ) Permit Denied: ( ) Reasons \_\_\_\_\_

There is a \$50.00 charge for re-inspections

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## **THE FOLLOWING MUST BE INCLUDED WITH THE APPLICATION**

- \_\_\_\_\_ **Submit Required Application Fee (\$1200.00 new permit/\$500.00 renewal)**
- \_\_\_\_\_ **Copy of Short-Term Rental Application**
- \_\_\_\_\_ **Photograph of the short term rental taken from the access road**
- \_\_\_\_\_ **Floor plan (sketch) showing total habitable floor space, number of bedrooms, and maximum number of overnight occupants permitted in each bedroom.**
- \_\_\_\_\_ **Site Diagram (plot plan) showing all structures & buildings, road, driveway, any bodies of water, location & number of designated on-site parking spaces, and location of septic system.**
- \_\_\_\_\_ **Copy of Wayne County Hotel Room Excise Certificate (verification that sales taxes are paid)**
- \_\_\_\_\_ **Copy of current deed/document that establishes applicants' ownership**
- \_\_\_\_\_ **Copy of Homeowner/Rental Property Insurance Policy**
- \_\_\_\_\_ **Copy of Insurance declaration page (Showing Paupack Township additionally insured with \$1,000,000.00/\$3,000,000 Liability)**
- \_\_\_\_\_ **Copy of Alarm Permit (if system is monitored by third party (ADT, 1<sup>ST</sup> Alarm, etc.)**
- \_\_\_\_\_ **Copy of Short-Term Rental Lease**
- \_\_\_\_\_ **Copy of Garbage Removal Contract**
- \_\_\_\_\_ **Copy or Link to any Advertisements for the short Term rental**
- \_\_\_\_\_ **For On-Lot Sewage Disposal System: Sewage Disposal System is Properly Functioning, With Proof of Pumping Within the Last 2 Years Prior to This Application.**

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## TO BE POSTED IN THE RESIDENCE

\_\_\_ 911 Address

\_\_\_ Name & Number of Managing Agency or Local Contact

\_\_\_ Maximum Number of Occupants

\_\_\_ Maximum Number of Vehicles Allowed on Property

\_\_\_ Garbage Pick-Up Day

\_\_\_ Copy of Community By-Laws if Applicable

\_\_\_ Short Term Rental Permit

## NOTES: