

SHORT TERM RENTAL APPLICATION

PAUPACK TOWNSHIP, WAYNE COUNTY PA

Tax Map # 19-0- _____ - _____ - ____

Application # (twp. use) _____

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)

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) _____

ZONING OFFICER: Principal Use () Conditional Use ()

Approved: _____ Date _____

Sewage Enforcement Approval (If Applicable) _____ Date _____

Building Code Enforcement (If Applicable) _____ Date _____

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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

Compliance Officer use Only

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

Application Complete () Application Incomplete () ; Reasons _____

Permit Issued: () Permit Denied: () Reasons _____

DATE ISSUED: _____

COMPLIANCE OFFICER _____

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, 1ST 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: