

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 and the community(POA)as 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: