

LACKAWAXEN TOWNSHIP SHORT TERM RENTAL APPLICATION
169 URBAN ROAD, HAWLEY, PA 18428
(570)685-7288 FAX (570)685-2550

REQUIRED FOR DEWLLINGS THAT ARE RENTED FOR 30 CONSECUTIVE DAYS OR LESS

All sections of applications must be filled out

TAX MAP# _____

APPLICATION FEE: \$300.00

ANNUAL RENEWAL FEE: \$50.00

APPLICATION REQUIREMENTS:

1. Check for the applicable fee made out to "Lackawaxen Township"
2. Written approval form Home Owners Associations
3. PLOT PLAN: size/shape of property, - size/location of existing structures (including septic system, & available on site parking spaces.)
4. Pictures of 911 address signage, Front, Rear, and sides of Principal Building (for identifications purposes)
5. Pike County Hotel Excise Tax # _____
6. PA Dept Revenue Sales Tax License # _____
7. Floor plan of each Habitable Floor, which identifies any Sleeping Rooms.
8. The Floor Plan must include interior dimensions of sleeping rooms
9. Proof of Renters Insurance

I. LOCATION OF PROPERTY: PROPERTY MUST HAVE REQUIRED 911 SIGNAGE

Subdivision/ Development: _____
911 Street Address: _____

II. Description of Property:

[] SINGLE- FAMILY:

Number of Dedicated Bedrooms (70 SQ FT Min): _____
Number of Bathrooms: _____
Number of Finished Floors: _____

[] TWO-FAMILY / MULTI-FAMILY:

DWELLING UNITS # _____
Number of Dedicated Bedrooms (70 SQ FT Min): _____

PARKING: On lot PARKING only **NO ON ROAD PARKING**

III. TYPE OF SEPTIC SYSTEM:

Individual Subsurface / ESM Central Collection Community Subsurface / ESM

Ordinance # 114 Section 5.C Number of bedrooms permitted shall not exceed the number of bedrooms approved for the Dwelling Unit on the sewage permit issued. If no sewage permit on file, the rental shall be limited to three (3) bedrooms unless proof is provided to the Sewage Enforcement Officer that the septic system is adequate to handle additional flows. Any Short term Rental advertising more than five (5) bedrooms shall provide proof that the septic system is adequate to handle such flows by having the system approved by the Sewage Enforcement Officer or by providing a septic permit previously issued by a Sewage Enforcement Officer.

IV. TYPE OF WATER SYSTEM: Individual Well Community Well

V. RECOMMENDED TO BE PROVIDED BY OWNER TO TENANT:

- (a) Private Community Rules, Lackawaxen Township Public Safety and Welfare Ordinance #91
- (b) Copy of rental Ordinance
- (c) Owner's rules
- (d) All Contact information for Owner's Local Responsible Party

VI. IDENTIFICATION: Application must be signed by all Land Owners, Marketing Agent and Local Contact Persons, if other than owners. Property Owner(s) & Local Contact Persons hereby represent that the foregoing information is true, correct, and accurate and request that a permit be issued in reliance upon the truth thereof. Property Owner(s) & Applicant(s) agree to comply with Ordinance No. of Lackawaxen Township and Lackawaxen Township Zoning & Public Safety & Welfare Ordinance and Labor & Industry regulations issued pursuant thereto and to immediately inform in writhing Enforcement Office of Lackawaxen Township, Pike County PA any change in the information in this application. If in the opinion of the Supervisors, the status of such conditions violates any Federal, State or Local Lackawaxen Township regulations adopted pursuant thereto, the Township may revoke such permit. *Property Owners, Marketing Agent and Local Contact Person(s) understand that false statements provided herein are subject to the penalties of 18 Pa.C.S.A., Section 4904 relating to unsworn falsification to authorities.*

VII. CONTACT PERSON:

(Signatures Below Acknowledge That the Ordinance Has Been Read, Understood, & Intend to Comply

PROPERTY OWNER: SIGNATURE: _____ **DATE:** _____

PRINT NAME(S): _____

24HR PHONE(S): Home: _____ Cell: _____ Other: _____

MAILING ADDRESS: _____

1. LOCAL CONTACT PERSON(S) / MARKETING AGENTS

PRINT NAME(S): _____

24HR PHONE(S): Home: _____ Cell: _____ Other: _____

MAILING ADDRESS: _____

2. PRINT NAME(S): _____

Cell: _____

24HR PHONE(S): Home: _____ Other: _____

MAILING ADDRESS: _____

3. PRINT NAME(S): _____

Cell: _____

24HR PHONE(S): Home: _____ Other: _____

MAILING ADDRESS: _____

4. PRINT NAME(S): _____

24 HRPHONE(S): Home: _____ Cell: _____ Other: _____

MAILING ADDRESS: _____



LACKAWAXEN TOWNSHIP, PIKE COUNTY P.A.

Lackawaxen Township Phone: 570-685-7288 Zoning/Septic/Bldg: 570-685-2990
169 Urban Road Fax: 570-685-2550 Road Department: 570-685-3200
Hawley, PA 18428 Email: building@lackawaxentownshippa.gov



SHORT-TERM RENTAL SELF -INSPECTION SAFETY CHECKLIST

Site Address: _____ Owner: _____

1. Yes All exterior doors and latches operate properly and no egress doors have double keyed deadbolts installed.
2. Yes UL Listed hardwired (if wiring is present) interconnected Smoke Detectors are installed in each sleeping room, outside of each separate sleeping area in the immediate vicinity of the bedroom(s) and on each occupiable story including basements and habitable attics. (See provided examples of acceptable battery-operated alarms. Note: can only be used on homes constructed before 2004 and if wiring is not provided)
3. Yes All required smoke detectors work properly and alarm sounds when tested.
4. Yes N/A Functioning UL Listed CO detectors are installed outside each sleeping area in the immediate vicinity of the bedroom(s) and in any bedroom that contains a fuel burning appliance. (CO detectors are required in any dwelling unit with an attached garage or equipped with a fuel-fired appliance)
5. Yes Every sleeping room has one fully operable egress window or door. Egress windows shall have at least 5.7 Sq Ft of clear opening. (5 Sq Ft for ground floors) (see provided detail)
6. Yes Functioning GFCI outlets are installed for any outlet within (6)six feet of a water source, unfinished basements and garages.
7. Yes N/A Clothes dryer is equipped with a 4" smooth wall, 28 gage metal duct installed as per dryer manufacturer's installation instructions and the transition duct, if used (duct connecting dryer to metal duct), does not exceed 8' in length and is listed and labeled in accordance with UL 2158 A
8. Yes A fully charged 2A-10B:C fire extinguisher (min.) fire extinguisher is located in a conspicuous area within the kitchen
9. Yes All interior/exterior stairs and decks/porches are structurally sound and all required handrails and guardrails are in place, structurally sufficient and in good condition. (if house was built in 2004 or later, all decks, porches, stairs, guardrails and handrails must comply with the version of the International Residential Code that the structure was built under)

- 10. Yes N/A Attached garages are separated from dwelling unit by a minimum 20 minute fire-rated door, ½” gypsum board on garage side (vertical separation) and 5/8” Type X gypsum board on ceiling of garage if there is living space above (horizontal separation).
- 11. Yes All bedrooms are at least 70 Sq Ft in area, 7’ in any horizontal dimension and have a minimum ceiling height of 7’.
- 12. Yes N/A Basement has at least one emergency escape and rescue opening. (rescue opening must have a net clear opening of not less than 5.7 sq ft. and a sill height of not more than 44” above the floor for windows) (see provided detail)
- 13. Yes N/A If basement or attic contains habitable space and was converted in 2004 or later, the converted space was permitted by Lackawaxen Township and a Certificate of Occupancy was issued for that space.
- 14. Yes A Township compliant 911 sign is in place.

ACKNOWLEDGEMENTS

I certify, under penalty of law, that the above information is true and accurate. I also acknowledge that Lackawaxen Township may determine a site inspection is required in order to determine the accuracy of the above information or for the purpose of ascertaining the existence of violations and by signing this, I am granting authorized representatives of Lackawaxen Township entry onto the premises for that purpose.

(Please note: If interior inspections are required, arrangements will be made by the Township with the the owner or their agent.)

Owners Name (please print): _____

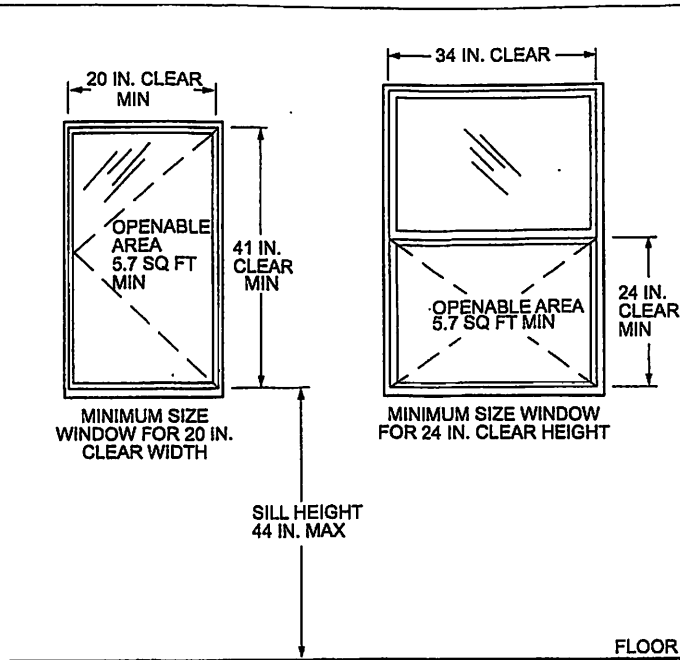
Mailing Address: _____

Phone Number: _____ **Email:** _____

Signature: _____ **Date:** _____

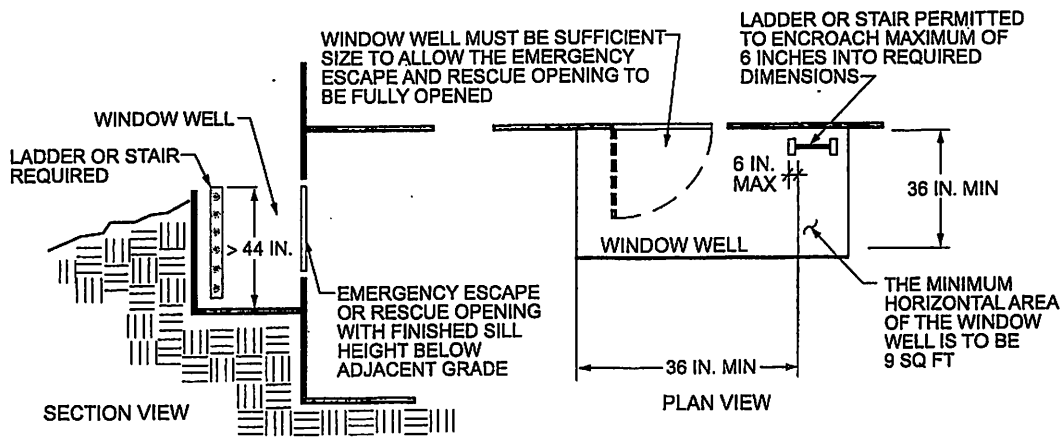
On this, the ____ day of _____, 20__ before me a notary public, the undersigned officer, personally appeared _____, known to me (or satisfactorily proven) to be the person whose name subscribed to the within instrument, and acknowledged that she/he executed the same for the purposes therein contained.

In witness whereof, I hereunto set my hand and official seal. _____
Notary Public



For SI: 1 inch = 25.4 mm, 1 square foot = 0.0929 m².

Figure R310.2.1
EMERGENCY ESCAPE AND RESCUE WINDOW



For SI: 1 inch = 25.4 mm, 1 square foot = 0.0929 m².

Figure R310.2.3
WINDOW WELLS

Examples of UL listed (*battery operated*) Interconnected Smoke and Smoke/ CO Detectors

Can only be used in homes constructed before 2004 and only if hardwiring is not provided



Model #: SCO500 SKU #: SCO501CN-3ST Additional SKUs

Wireless Interconnected Photoelectric Smoke and Carbon Monoxide Combo Alarm with Voice and Location

- Battery-operated smoke and carbon monoxide alarm
- Connects multiple alarms together for wireless safety network
- Voice alarm gives clear indication of where the problem is located
- Features photoelectric smoke sensor and electrochemical CO sensor
- One button silences a false alarm and tests the unit



Model #: SA511 SKU #: SA511CN2-3ST Additional SKUs

Interconnected Wireless Smoke Alarm with Voice Location, Battery Operated, Pack of Two

- Interconnected alarms all sound when one is activated, increasing safety
- Voice alarm tells you where the danger is, so you can choose the best evacuation route
- Battery-operated alarm easily installs
- Photoelectric sensor reduces false alarms
- Comes in a pack of two alarms