

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

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

All sections of applications must be filled out

TAX MAP # ____ . ____ - ____ - ____ . ____

NON-CONFORMING APPLICATION FEE: \$100.00 ANNUAL RENEWAL FEE: \$50.00

APPLICATION FEE: \$300.00 ANNUAL RENEWAL FEE: \$50.00

APPLICATION REQUIREMENTS:

1. Check for the applicable fee made out to "Lackawaxen Township"
2. Notarized written approval from Home Owners Associations
3. PLOT PLAN: -size/ shape of property, - size/location of existing structures (including septic system, & available on site parking spaces

Pictures of 911 address signage, Front, Rear, and sides of Principal Building (for identifications purposes)

4. All sections of Application MUST BE FILLED OUT
5. Sales Tax License# _____
6. Pike County Hotel Excise Tax# _____
7. A Floor Plan of each Habitable Floor, which Identifies any Sleeping Rooms. The Floor Plan must include interior dimensions of the sleeping rooms
Floor Plan must include interior dimensions of the sleeping rooms.
8. 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 SF Min). _____

Number of Bathrooms: _____

Number of Finished Floors: _____

TWO-FAMILY/MULTI-FAMILY

DWELLING UNITS # _____

Number of Dedicated Bedrooms (70 SF Min). _____

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

III. TYPE OF SEPTIC SYSTEM:

Individual Subsurface / ESM Central Collection Community Subsurface / ESM

Ordinance # _____ 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 writing 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): _____

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

Other: _____

MAILING ADDRESS: _____

4. PRINT NAME(S): _____

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

MAILING ADDRESS: _____