

SHORT-TERM RENTAL AND ZONING PERMIT
APPLICATION

Lehigh Township, Wayne County, Pennsylvania

Print or type (See attached Instructions)

App. No. _____

Property Owner Information

Name _____
Address _____
City _____
State _____ Zip _____
Phone _____ 24 Hour Phone number if no managing agency: _____
Email _____

Property Information

TAX PARCEL (PIN) NO. _____ CONTROL NO. _____
PROPERTY SIZE (AC/SF): _____ ZONING DISTRICT: _____
PROPERTY LOCATION: (Development Name, Street Name, Lot No. - If not within a Major Subdivision, give distance and direction from nearest intersecting roads.): _____ _____
EXISTING USE (i.e. Residential Home, Undeveloped Residential lot, Commercial building etc.) _____
WETLAND: ___ YES ___ NO FLOOD ZONE: ___ YES ___ NO
SEWAGE DISPOSAL: () On-lot () Community System
WATER SUPPLY: () Individual Well () Community System
ROAD ACCESS: () Private Road () Municipal Road () State Road

Information for license

24 Hour Telephone number of owner's managing agency _____
Marketing entity identification number _____

Total habitable floor space _____
Total number of bedrooms _____
Number of dwelling units _____ (example: single family dwelling = 1)
Maximum number of vehicles allowed for overnight occupants _____
Septic system age (approximate) _____ Capacity _____ Last service date _____

Date Issued: _____ Zoning Officer: _____

App. No. _____

RETURN COMPLETED APPLICATION AND ALL SUPPORTING DOCUMENTATION TO:

Lehigh Township
32 Second St.
P.O. Box 651
Gouldsboro, Pa. 18424

Phone: 570-842-6262
Fax: 570-842-7042
Cell: 570-236-0020

Note: License Required: Completed application will be forwarded to Preferred Management Associates, who will govern registration and licensing for all short-term rentals within Lehigh Township.

*Preferred Management Associates, LLC
PO Box 687
Moscow, PA 18444*

*Telephone: 570-842-2705
www.preferredmanagement.org*

Applicant/Owner Certification

I (We) hereby represent that the information provided herein and documents submitted herewith are true and correct and request that a Zoning Land Use and 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 Lehigh Township Zoning Ordinance, as amended. Signing of this application authorizes the Township Zoning Officer and Short-Term Rental Management representative to perform all inspections required to ensure compliance with the Lehigh Township Zoning and Short-Term Rental Ordinances.

Owner(s) Signature: _____ **Date:** _____
Co-Owner: _____ **Date:** _____

Note: If the applicant is not the owner, written permission from the Owner(s) is required.

Zoning Officer Use Only	
Date Application Received: _____	Fee: \$ _____ Check/Cash: _____
<input type="checkbox"/> Application Complete <input type="checkbox"/> Application Incomplete; Reason(s) _____	
Sewer Enforcement Officer Approval date: _____	
Verification of: 911 Address Sign _____	Short-term identification window cling _____
<input type="checkbox"/> Permit Issued <input type="checkbox"/> Permit Denied; Reason(s): _____	
<input type="checkbox"/> Short Term Rental License fee paid	

SHORT-TERM RENTAL AND ZONING PERMIT APPLICATION CHECKLIST

- _____ Copy of Short Term Rental/ Zoning Permit application
- _____ Photograph of the short-term rental taken from the access roadside
- _____ Floor plans – showing total habitable floor space, total number of bedrooms, maximum number of overnight occupants permitted in each bedroom
- _____ Site Diagram (Survey Map) - showing and indicating the number and location of designated on-site parking spaces, location of septic system,
- _____ For On-Lot Sewage Disposal System: Evaluation from a pumper/hauler certifying the sewer disposal system is properly functioning, Proof of pumping within the last 3 years prior to this application
- _____ For Community Sewage Disposal System: Copy / Verification of Community Sewage Disposal System hookup permit. Must include verification of number of bedrooms allowed.
- _____ Copy of Wayne County Hotel Room Excise Tax Certificate (verification that sales taxes are paid)
- _____ Copy of current deed that establishes applicants' ownership

To be verified before property is rented:

- _____ 911 emergency address sign in accord with applicable requirements
- _____ Post short-term rental identification

Payment:

- _____ Application Fee – \$400.00 total - check payable to Lehigh Township
 - Change of Use Zoning Permit \$150.00
 - Short Term Rental Permit (annual) Fee \$150.00
 - Sewage Enforcement Verification \$100.00
- _____ Short Term Rental License Fee – \$600.00 - check payable to Preferred Management