

DAMASCUS TOWNSHIP, WAYNE COUNTY, PENNSYLVANIA
60 CONKLIN HILL ROAD, DAMASCUS, PA 18415 570-224-4410
SHORT-TERM RENTAL APPLICATION

Date of Application: _____ New Renewal

Location of STR (911 Address) _____

10-Digit Landline Phone Number at STR _____ No phone

Name of Owner _____

Mailing Address of Owner _____

Email of Owner _____

Twenty-Four-Hour Telephone Number of The Owner _____

Name of Person in Charge (P-I-C) (Responsible party within 25 miles of the house)

Address of P-I-C _____

Email of P-I-C _____

Twenty-Four-Hour Telephone Number of P-I-C _____

Who will be the contact for the initial inspection? _____

Is this dwelling connected to a Central Sewer system? Yes No If yes, provide the

name and address of Sewer System Operator _____

If not connected to a central sewer system, the location, approximate age and capacity of the
sewage disposal system: Age _____ Years Design Capacity _____ Bedrooms

Number of Bedrooms in Dwelling _____ If more than 3 bedrooms, provide proof that the
sewage disposal system has adequate capacity for sewage flows. Proof may be a copy of the
sewage permit or a letter from the landowner stating the existing septic system is not
malfunctioning.

Is this dwelling located in a Flood Hazard Area as designated by FEMA? Yes No

Is this dwelling a conversion from a barn, storage building, garage, etc.? Yes No

Is this conversion dwelling a second dwelling on the property? Yes No If this is a
second dwelling, proof of Land Development approval by the Township is required.

Is there a hot tub or spa? Yes No Fence/barrier? Yes No

Is there an in-ground swimming pool? Yes No Fence/barrier? Yes No

Is there an above-ground swimming pool? Yes No Fence/barrier? Yes No

Do you use any on-line listing services? Yes _____ No

Attach the Following (New Applications): 1. Copy of the current recorded deed for the property
establishing ownership. 2. Copies of current Wayne County hotel room excise tax

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certificate and current Pennsylvania sales and use tax permit OR listing service statement(s) concerning payment of room and sales taxes.

Please READ carefully and SIGN below: SIGNATURES MUST BE NOTARIZED

I hereby certify that the information provided herein and on any attached documents is complete and accurate to the best of my knowledge. I understand that providing false information is a crime punishable by law. By signing this application, I hereby grant permission and shall provide access for inspections as needed by Damascus Township officials, including inspections inside the building(s), and I agree to continuously maintain the premises in compliance with the provisions of all applicable regulations. Further, I acknowledge and agree that the issuance of a Short-Term Rental Certificate is not a warranty that the premises is lawful, safe, habitable, or in compliance with Section 434 of the Damascus Township Zoning Ordinance; and that a Certificate, if issued, indicates that Damascus Township has performed an inspection of the premises at the date and time indicated therein, and at that time complied with the regulations of the Damascus Township Zoning Ordinance; and that Damascus Township, its employees, and officers shall be held harmless for any conditions that may have changed since the inspection indicated herein.

PROPERTY OWNER

Commonwealth of Pennsylvania, County of _____

On this, the _____ day of _____, 20____, before me, the undersigned officer, personally appeared _____, who being duly sworn according to law, deposes and says that _____ is (are) the owner(s) of the property described in this application and that the application was made with full knowledge and/or direction of the said owner(s) and the said owner(s) hereby agree(s) with this application and submission of same as provided by law.

Property Owner

Property Owner

My Commission Expires _____

Notary Public Officer seal

Person-in-charge must sign the following page:

DAMASCUS TOWNSHIP, WAYNE COUNTY, PENNSYLVANIA
60 CONKLIN HILL ROAD, DAMASCUS, PA 18415 570-224-4410
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PERSON-IN-CHARGE

I agree to act as an agent with actual authority to represent the owner, _____, for purposes of contact and communication regarding the owner's Short-Term Rentals 24-hour service for the property indicated herein.

Commonwealth of Pennsylvania, County of _____

On this, the _____ day of _____, _____, before me, the undersigned officer, personally appeared _____, who being duly sworn according to law, deposes and says that he/she has been designated as AN AGENT for the owner(s) of the property described in this application and that the application was made with full knowledge of the said agent and the said agent hereby agrees with this application and submission of same as provided by law.

Person in Charge

My Commission Expires _____ _____ seal
Notary Public Officer

A Short-Term Rental Certificate is required annually from the Township- The Building Inspector must perform an inspection of the premises to determine compliance with the Zoning Ordinance.

Notice: The Owner or his/her representative shall be available to accompany the Building Permit Inspector/Zoning Officer during any inspection. Fill out the application completely. Any unanswered or unchecked item will be automatic rejection and this form will be returned to the applicant. Signatures **MUST** be notarized. Non-refundable application Fees shall accompany this application.

Make a check payable to Damascus Township for \$125.00 which includes 2 inspections and Certificate. If 2 or more inspections fail, an additional \$75.00 fee per inspection is due prior to issuance of Certificate.