ROSS TOWNSHIP

250 Anchorage Road, P.O. Box 276, Saylorsburg, PA 18353
570-992-4990 | rosstwp@rosstwpmcpa.gov | www.rosstwpmcpa.gov

SHORT TERM RENTAL APPLICATION

Complete all sections. Submission of this application does not guarantee permit approval.
Short-term rental: a dwelling unit, or portion thereof, offered for temporary lodging to paying guests.

PROPERTY AND OWNER INFORMATION

Property Address: _____

Parcel Identification Number (PIN): _____

Property Owner Name(s): _____

Owner Mailing Address: _____

24-Hour Phone: _____ **Can receive texts?** _____

Email: _____

MANAGING AGENT

Required if the property owner is not a local resident.

Managing Agent Name: _____

Agent Mailing Address: _____

24-Hour Phone: _____ **Can receive texts?** _____

Email: _____

RENTAL UNIT AND SITE DETAILS

Type of Dwelling: ☐ Single-family ☐ Townhome/Condo ☐ Multi-family

☐ Individual Rooms ☐ Other _____

If multi-unit, number of units used as short-term rentals: _____

If the building is a multi-unit structure, a separate application is required for each unit used as a short-term rental.

Bedrooms: _____ **Bathrooms:** _____ **Max Guests:** _____

Sewage System: ☐ Private Septic ☐ Public/Community Sewer

If septic, last inspection/pumping date: _____ **Approx. age:** _____

System capacity _____ **Gated community?** _____ **Access code:** _____

HOA/POA community? _____ **HOA/POA name:** _____

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REQUIRED SUBMISSION CHECKLIST

Check each item included with this application. Township staff will confirm completeness during review.

- ☐ Copy of current deed.
- ☐ Floor plan for all floors showing room dimensions and bedroom locations.
- ☐ Site plan showing property lines, driveways, structures, parking spaces, and on-lot sewage components if applicable.
- ☐ If private septic: system location, approximate age and capacity, professional evaluation, and proof of pumping within the last 12 months.
- ☐ Insurance declaration page showing at least $500,000 in liability insurance for the full permit term.
- ☐ Current Monroe County Hotel Room Excise Tax Certificate.
- ☐ Current Pennsylvania Sales and Use Tax Permit.
- ☐ Signed trespass waiver (Page 3).
- ☐ Application fee of $500.00.

ORDINANCE SUMMARY AND APPLICANT CERTIFICATION

By submitting this application, the applicant acknowledges the Ross Township short-term rental standards in Ordinance 87, including Section 7.B, and the enforcement provisions in Section 13. The property must meet applicable Township requirements, and the owner and managing agent must provide accurate information, maintain the required records and insurance, and allow Township access as authorized in the attached trespass waiver. Noncompliance may result in enforcement action, fines, and/or revocation of a Short-Term Rental Permit. This summary is provided for convenience; the ordinance controls if there is a conflict.

I certify that I am the property owner, or an authorized partner or representative of the owner, and that the information submitted is true and complete. I have read, understand, and agree to comply with the applicable short-term rental ordinance provisions and all other applicable laws. I understand that permit issuance is not guaranteed by this application.

Owner / Authorized Representative: _____ **Date:** _____

Managing Agent (if applicable): _____ **Date:** _____

FOR TOWNSHIP USE ONLY

Date Received: _____ **Fee Received:** _____ **Check No.:** _____

Review Status: _____ **Permit No.:** _____ **Staff Initials:** _____

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SHORT TERM RENTAL TRESPASS WAIVER

The undersigned owner(s) of the property identified below authorize Township agents, employees, public officials, and representatives to enter the property and any structures as necessary to conduct inspections, site visits, or testing related to compliance with the Ross Township Code of Ordinances and the short-term rental permit process.

PROPERTY IDENTIFICATION

Property Address: _____

Parcel Identification Number (PIN): _____

AUTHORIZATION

I voluntarily authorize Ross Township and its authorized representatives to enter the property for the limited purposes described above. I understand that this authorization applies to inspections, site visits, and testing needed to determine compliance with applicable Township requirements.

Signed this: _____ **day of:** _____ **20:** _____

OWNER SIGNATURE

Property Owner Name(s): _____

If the owner is a corporation or other entity, include the name and title of the person signing.

Signature: _____

Printed Name and Title _____

Phone: _____ **Email:** _____

Keep a copy of this signed waiver with your records. The signed original must be submitted with the application.