

Clifton Township

361 State Route 435 Clifton Township PA 18424

Office: 570-842-4272 Email: Secretary@cliftontownship.com

APPLICATION FOR SHORT-TERM RENTAL PERMIT

Owner: _____

Owners Physical Address: _____

Owners Mailing Address: _____

Phone Number: _____ Email Address: _____

Rental Property Address: _____

All of the following must be included with the application:

- ☐ Floor Plan
- ☐ Site Plan
- ☐ Septic System Evaluation and Pumping Record
- ☐ Copy of Required Tax Certificates
- ☐ Copy of Property Deed
- ☐ Insurance Policy Declaration Page
- ☐ A photograph taken from the access road side
- _____ Number of Bedrooms _____ Number of Parking Spaces

** Bedrooms must contain a minimum of 80 square feet each*

I/We hereby give consent for inspection of the property by the Clifton Township Enforcement Officer to verify compliance with the conditions of this Short-Term Rental Application. I have read all regulations pertaining to the operation of the short-term rental and will post the notice required in Clifton Township Ordinance § 13-209.1.Q along with a 911 emergency address sign. When applicable, the owner authorizes the Managing Agent to accept service for the owner.

Owner's Signature

Date

Managing Agent/Local Contact Signature

Date

Managing Agents Printed Name: _____

Agents Address: _____

Agents Phone Number: _____

Owner: _____

TOWNSHIP USE ONLY

Application Receipt Date: _____ Fee: \$_____ Date Fee Received: _____

Received By: _____

ZONING OFFICER USE ONLY

Date of Home Inspection: _____

Permit Approved ☐ Yes
 ☐ No*
 ☐ Pending*

*Areas of Non-Compliance: _____

Date Owner was Notified: _____

Clifton Township Zoning Officer Signature: _____

Date: _____

