



POLK TOWNSHIP SUPERVISORS

165 Polk Township Rd., PO Box 137, Kresgeville, PA 18333

Phone: 610-681-5376 Fax: 610-681-3063 E-mail: info@polktpw.org

Guidance for Initial Short Term Rental Permit Application

Application 24/7 'local contact' is required and may be the same as owner. Please submit application and all documents via email if possible. Payment may be mailed or hand delivered.

Floor Plans

- Plans of all levels- identify all rooms on all floors, provide dimensions of bedrooms
- Indicate locations of smoke detectors, CO2 detectors and fire extinguisher
- Plans may be hand drawn, providing they are neat, legible and accurate
- Plans on file with the Township may be requested
- Plans may be submitted in PDF format via email (preferred)

Site Plan

- Show property lines, driveways and all structures, including pools and outdoor hot tubs
- Show location and number of on-site parking spaces. Parking on lawns, vegetated areas and public street right-of-way is prohibited.
- Show location; label all components of sewage disposal system.
- Site Plan may be hand drawn, providing plan is neat, legible and accurate
- Site Plan may be submitted in PDF format via email (preferred)

Septic System Certification

- Certification of sewage disposal system must have a certified evaluation to include: tank size and sq. footage of absorption area.
- Pumper Receipt must include documentation showing that the system is also is properly functioning.

Monroe County Hotel Room Excise Tax Certificate

- Website: <https://www.monroecountypa.gov>, click on Departments, click on Treasurer and then click on "Hotel Tax"
- There is a downloadable registration form on their website. There is no fee for this one-time registration. You can contact the County Treasurer's office at (570) 517-3180, Monday – Friday, 8:30am – 4:30pm with any questions you may have.

Pennsylvania Sales, Use and Hotel Occupancy Registration

- Website: <http://www.revenue.pa.gov/FormsandPublications/FormsforBusinesses/Pages/SalesUse-and-Hotel-Occupancy-Tax.aspx>
Or you can go to www.revenue.pa.gov, click on "Forms and Publications", click on "Forms for Businesses" and then click on "Sales, Use and Hotel Occupancy Tax Forms"
- The registration form, PA-100, is downloadable or you can register online at www.pa100.state.pa.us. There is no fee for this one-time registration. You can contact the PA Department of Revenue directly at 717-787-1064 with any questions you may have.

Copy of Deed

- available at Monroe County Courthouse or on-line through Landex

Insurance Policy Declaration Page:

- Insurance Company can provide. This must be commercial or business policy to cover use of Short-Term Rental and general liability for minimum of \$500,000.

Notice to Owner's Association

- This is a letter written by the owner or agent indicating the intent to make application for and use subject residential property as a short-term rental.

Upon filing an application: Short-Term Rentals shall be equipped with the following:

1. Smoke detectors in each bedroom;
2. Smoke detectors outside each bedroom in common hallways;
3. Smoke detectors on each floor;
4. GFI outlets for outlets located within six (6) feet of water source (also known as GFCI);
5. Aluminum or metal exhaust from dryer;
6. Carbon monoxide detector if open flame (oil or gas) furnace, gas or wood fireplace, or wood-burning stove; Carbon monoxide detector if garage is attached;
7. Fire extinguisher in kitchen; must be visible or clearly noted as to location
8. Stairs (indoor and outdoor) in good condition; hand rails in place for entire length (does not include common areas)

Permit Fee: Permit fee is \$600 first year, then \$300 subsequent years. Payment may be mailed or hand delivered. Cash, check or money order payable to 'Polk Township' is accepted. Permit fee includes 1 building inspection and one zoning inspection. Additional inspections are \$50 each.



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Short Term Rental Application

ALL SECTIONS OF THIS APPLICATION MUST BE COMPLETED

Property Address: _____

Property Identification Number (PIN): _____

Property Owner

Name(s): _____

Mailing Address: _____

Phone Number: _____ 24/7 contact

Alternate Number: _____ 24/7 contact

Email: _____

Managing Agency, Agent or Local Contact Person

*A managing agent is required if the Property Owner is not a local resident

Managing Agent's Name: _____

Mailing Address: _____

Phone Number: _____ 24/7 contact

Email: _____ 24/7 contact

Type of Dwelling used for Short Term Rentals:

Single-Family Townhome/Condo Multi-Family Individual Rooms

If building is a multi-unit structure, total # of units being used as Short Term Rentals: _____

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

Total number of bedrooms: _____ Total number of bathrooms: _____

Is property within a developed community under the jurisdiction of an HOA/POA? _____

If so, name HOA: _____

Sewage System:

Date of last inspection/pump: _____

A certification from the septic company to include: tank size and sq. footage of absorption area.

Required Documentation to be submitted with Application:

1. Floor Plan- CHANGES ONLY
2. Site Plan- CHANGES ONLY
3. Septic Tank Pumping Receipt- as applicable, must be done every 3 years. Receipt must include documentation showing system is properly functioning.
4. Monroe County Hotel Room Excise Tax- Verification taxes are paid
5. Pennsylvania Sales & Use Tax Permit- Verification taxes are paid
6. Trespass waiver signed by the owner of the property.
7. Insurance Policy Declaration Page (minimum of \$500,000 liability)
8. Application fee of \$300.00

PROPERTY OWNER

I hereby certify that I am the **Owner** of the above referenced property. If the property is owned by a corporation, I certify that I am a partner of that corporation and have the authority to sign and acknowledge the following on behalf of the corporation.

I have read, understand and agree to the provisions set forth in Ordinance 2020-06 of the Polk Township Code for Short-Term Rental Standards. I have also read and understand the violations and penalties and that any violation of the provisions of Ordinance 2020-06 may result in fines and/or the revocation of a Short-Term Rental Permit. I agree to conform to all applicable laws of this jurisdiction. I understand that the issuance of a Short Term Rental Permit is not guaranteed by this application.

_____ Date: _____

Signature of Property Owner

MANAGING AGENT

I hereby certify that I am the **Managing Agent** of the above referenced property and have been given authority to accept service for the Property Owner.

I have read, understand and agree to the provisions set forth in Ordinance 2020-06 of the Polk Township Code for Short-Term Rental Standards. I agree for my contact information to be public knowledge for the purpose of management of the above property. I agree to conform to all applicable laws of this jurisdiction. I understand that the issuance of a Short Term Rental Permit is not guaranteed by this application.

_____ Date: _____

Signature of Managing Agent

_____ Date: _____



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TRESPASS WAIVER

The undersigned is/are the owner(s) of a parcel of land in Polk Township, Monroe County, Pennsylvania, at the following location:

Property Address: _____ Property

Identification Number (PIN): 13- _____

The undersigned authorize(s) and allow(s) any agents, employees, public officials or representatives of Polk Township to enter upon the above land and enter any structures for the purpose of performing any inspection, site visit or testing necessary to determine compliance with the Polk Township Code of Ordinances.

The undersigned has/have signed this Waiver this _____ day of _____, 20____, intending thereby to be legally bound.

Property Owner's Name(s): _____ *If
Owner is a corporation, print also the name of the person signing this waiver

Signature of Property Owner: _____

POLK TOWNSHIP CHANGE OF USE PERMIT APPLICATION

Application Date _____
 Address _____
 14 Digit PIN _____

Owner of Property _____ Phone _____ Address _____ _____ Email _____	Applicant _____ Phone _____ Address _____ _____ Email _____
Contractor _____ Phone _____ Address _____ _____ Email _____	Zoning District RR () R1 () R2 () R3 () C () I () Lot Size _____ Lot Coverage _____

Proposed Use _____

Total Sq. Ft. _____	# Floors _____	# Baths _____	# Bedrooms _____
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Is the structure in a flood zone? <i>Floodplain maps can be found online : www.floodmaps.fema.gov</i>		YES		NO
Will there be any fill or encroachment of wetlands?		YES		NO
Does the property have a proper E-911 (green) sign with 4" white numbers been placed so the bottom of the sign is 48" from the ground and at least 6-8' from road? <i>Note: Certificate of Occupancy may be delayed if E-911 is not correct.</i>		YES		NO
Is a deed or bill of sale included in this application?		YES		NO

I fully understand the provisions of this application and hereby certify that all information submitted is true and correct to the best of my knowledge.

Applicant Signature: _____

_____ **Date**