

SUMMIT TOWNSHIP
PO BOX 231
HARMONSBURG PA 16422
PHONE: 814-382-5058 FAX: 814-213-0444

SHORT TERM RENTAL APPLICATION

FOR SUMMIT TOWNSHIP USE ONLY

Fee: _____

Date Paid: _____

Check# _____

1. Property Address: _____

2. Tax Parcel ID# _____

3. Property Owner's Name(s): _____

Mailing Address: _____

24 Hour Phone Number: _____

Can this number receive text messages? _____

Email address: _____

4. Managing Agent's Name: _____

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

Mailing Address: _____

24 Hour Phone Number: _____

Can this number receive text messages? _____

Email address: _____

5. Type of Dwelling used for Short Term Rentals:

____ Single-Family ____ Townhouse/Condo ____ Multi-Family ____ Individual Rooms

____ Other: _____

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 as a short term rental

6. Total number of bedrooms: _____ Total number of bathrooms: _____

7. Sewage System: ____ Public/Community Sewer

____ Private Septic If septic, date of last inspection/pump: _____

Must provide township with copy of Sewage Enforcement Officer (SEO) evaluation of septic system

Approximate age of system: _____ Capacity of System: _____

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

If so, name HOA/POA _____

Application must be submitted with the following:

1. Copy of the current deed
2. If private septic, the location, approximate age and capacity of the sewage disposal system, a professional evaluation of the septic system and proof of pumping within the last 12 months.
3. Copy of current Crawford County Hotel Room Excise Tax Certificate
4. Copy of current Pennsylvania Sales & Use Tax Permit
5. Trespass waiver signed by the owner of the property.
6. Application fee of \$200.00

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 Summit Township Short Term Rental Ordinance regarding Short-Term Rental Standards. I have also read and understand the Summit Township Short Term Rental Ordinance regarding violations and penalties and that any violation of the provisions of the Ordinance 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.

Signature of Property Owner: _____ *Date:* _____

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 the Summit Township Short Term Rental Ordinance of Summit Township. 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.

Signature of Managing Agent: _____ *Date:* _____