

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

TRESPASS WAIVER

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

LOT NO. _____ TAX PIN# _____

The undersigned authorize(s) and allow(s) any agents, employees, public officials or representatives of Summit Township to enter upon the above land for the purpose of performing any inspection, site visit or testing necessary to determine if there is compliance with the Summit Township Ordinances 2020-2, governing the licensing of Short Term Rentals within Summit Township, and/or for Township Officials to review plans, documentation or any other application pending before the Township.

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

SIGNATURES:

Signature of Property Owner: _____ *Date:* _____