SUPERVISORS OF WESTFALL TOWNSHIP

102 LaBarr Lane P.O. Box 247
Matamoras, PA 18336
(570) 491-4065 Fax (570) 491-635

ALL SECTIONS OF THIS APPLICATION MUST BE COMPLETED

1. Property Address: _____
2. Property Tax Account Number: _____

3. Property Owner's Name(s):_____
   Mailing Address: _____
   24 hour Phone Number: _____
   Can this phone number receive text messages? _____
   Email: _____

4. Managing Agent's Name: _____
   *A managing agent is required if the Property Owner is not a local resident. Managing agent must have an office or live within 30 miles of the property.
   Mailing Address: _____
   24 hour Phone Number: _____
   Can this phone number receive text messages? _____
   Email: _____

5. Type of Dwelling used for Short Term Rentals: ☐ Single-Family ☐ Townhome/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 used as a short term rental

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

7. Sewage System: ☐ Private Septic ☐ Public/Community Sewer
   If septic, date of last inspection/pump: _____
   Must provide township with copy of professional evaluation of septic system
   Approximate age of system: _____ Capacity of System_____

8. Is property within a gated community? _____ If yes, provide access code: _____

9. Is property within a developed community under the jurisdiction of an HOA/POA?_____
   If so, name HOA: _____

10. Name of Refuse Hauler: _____

Application must be submitted with the following:

1. Certified statement of ownership or copy of the current Deed
2. Name of refuse hauler or copy of contract *
3. If Private Septic (on-lot system), the location, approximate age and capacity of the sewage disposal system, a professional evaluation of the septic system & proof of pumping within the last 3 years. For renewal, proof of pumping must be provided every 3 years. *
4. Copy of current Pike County Hotel Room Excise Tax Certificate
5. Copy of current Pennsylvania Sales & Use Tax Permit
6. Trespass waiver signed by the owner of the property *
7. Proof that STR is permitted within the community if regulated by HOA/POA
8. Proof of Liability Insurance equal to or greater than 1 million in coverage *
9. Application fee.*

* Items marked with red asterix are required at time of renewal.

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 178 §5 of the Westfall Township Code for Short-Term Rental Standards. I have also read and understand Ordinance 178 §11 regarding violations and penalties and that any violation of the provisions of Ordinance 178 may result in fines and/or the revocation of a Short-Term Rental License. I agree to conform to all applicable laws of this jurisdiction. I understand that the issuance of a Short Term Rental License is not guaranteed by this application.

Signature of Property Owner: _____Date: _____

If Owner is a corporation, print also the name of the person signing this waiver

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 178 §5 of the Westfall Township Code for Short-Term Rental Standards. 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: _____