

BLOOMING GROVETOWNSHIP SHORT TERM RENTAL APPLICATION

Blooming Grove TOWNSHIP, 488 Rt. 739, BLOOMING GROVE, PA 18428

(570) 775-6461 (101) FAX: (570) 775-9209

REQUIRED FOR DWELLINGS THAT ARE RENTED FOR 2 to 30 CONSECUTIVE DAYS

TAX MAP # _____

APPLICATION FEE: \$150.00

ANNUAL RENEWAL FEE: \$150.00

APPLICATION REQUIREMENTS:

1. Check for the applicable fee made out to "Blooming Grove Township"
2. PLOT PLAN: - size/shape of property, - size/location of structures (including septic system), & available on-site parking spaces; fire pits
3. Pictures of 911 address signage, Front, Rear, and sides of Principal Building (for identification purposes)
4. All sections of Application MUST BE FILLED OUT
5. Sales Tax License# _____
6. Pike County Hotel Excise Tax # _____
7. Marketing Entity Identifications

LOCATION OF PROPERTY: PROPERTY MUST HAVE REQUIRED 911 SIGNAGE

Subdivision _____

911 Street Address: _____

DESCRIPTION OF PROPERTY:

• SINGLE FAMILY

Number of Dedicated Bedrooms (80 SfMin).

Number of Bathrooms _____

Number of Finished Floors _____

TWO- FAMILY / MULTI-FAMILY

DWELLNG UNITS _____

Number of Dedicated Bedrooms (80 SfMin).

Number of Bathrooms _____

Number of Finished Floors _____

PARKING: Parking Space Minimum Size: 9'x18' A minimum of one (1) for each bedroom is required

Off Street Parking Spaces

Tenants: _____ Guests: _____

Parking Space Locations

Outside: _____ Garage: _____

TYPE OF SEPTIC SYSTEM. (As applicable)

___ Individual Subsurface / ESM ___ Central Collection ___ Community Subsurface / ESM

TYPE OF WATER SYSTEM: ___ Individual Well ___ Community Well

All contact information for Owner's Local Responsible Party

IV. IDENTIFICATION *Application must be signed by all Property Owners, Marketing Agents and Local Contact Persons if other than owners. Property Owner(s) & Local Contact Persons hereby represent that the foregoing information is true, correct, and accurate and request that a permit be issued in reliance upon the truth thereof. Property Owner(s) & Applicant(s) agree to comply with Ordinance No.67 of Blooming Grove Township and Labor & Industry regulations issued pursuant thereto and to immediately inform in writing the Enforcement Officer of Blooming Grove Township in Pike County PA of any change in the information in this application. If in the opinion of the Supervisors, the status of such conditions violates any Federal, State or Local Blooming Grove Township regulation adopted pursuant thereto, the Township may revoke such permit. **The Property Owners, Marketing Agent and Local Contact Person(s) understand that false statements provided herein are subject to the penalties of 18 Pa. C.S.A., Section 4904 relating to unsworn falsification to authorities. An Inspection Fee shall be applied as indicated in the Blooming Grove Schedule of Fees for the processing of this application. Permits are non-Transferrable.***

V. CONTACT PERSONS: (Signatures Below Acknowledge That the Ordinance Has Been Read, Understood, & Intend to Comply)

PROPERTY OWNER: SIGNATURE: _____ DATE: _____

PHONE(S); Home: _____ Cell: _____ Other: _____

PRINT NAME(S):

MAILING ADDRESS:

EMAIL ADDRESS:

MARKETING AGENT(S): SIGNATURE: _____ DATE: _____

PHONE(S); Home: _____ Cell: _____ Other: _____

PRINT NAME(S):

MAILING ADDRESS:

LOCAL CONTACT PERSON(S): SIGNATURE: _____ DATE: _____

PHONE(S); Home: _____ Cell: _____ Other: _____

PRINT NAME(S):

MAILING ADDRESS:

ACKNOWLEDGMENTS

We acknowledge, we have read and understand all terms and requirements of the Blooming Grove Twp. Short Term Rental Ordinance.

Owner Signature _____ Date: _____

Marketing Agent Signature _____ Date: _____

Contact Signature _____ Date: _____