



Penn Forest Township •
2010 State Route 903 • Jim Thorpe, PA 18229
Phone • (570) 325-2768 or (570) 325-2769

**** OFFICE USE ONLY ****

Date Received: _____
 Zoning District: _____
 Tax Parcel No.: _____
 Zoning Permit No.: _____

APPLICATION FOR ZONING PERMIT SHORT-TERM RENTAL

Application is hereby made for a permit in conformity with requirements of the Pennsylvania Municipalities Planning Code, Current Local Zoning Ordinance, and any amendments thereto for the following described work:

I. PROPERTY INFORMATION

Single Family Detached Twin Dwelling Units Townhouses/ Rowhouses Apartments

Municipality: _____ Development: _____ Lot: _____ Section: _____

Address of Short-Term Rental: _____ Tax Parcel ID: _____

Lot Width: _____ Lot Depth: _____ (Acres or Sq.Ft.)

Lot Size: _____

II. CONTACT INFORMATION

Applicant: _____ Email: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Phone: _____ Fax: _____

(If different than Applicant)

Property Owner: _____ Email: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Phone: _____ Fax: _____

24 Hr. Contact Person: _____ Email: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Phone: _____ Fax: _____

III. SPECIFICATIONS

- Change of use: License Number STR _____ - _____
- Number of Bedrooms: _____
- Maximum Number of Overnight Occupants: _____
- Maximum Number of Off-Street Parking Spaces (minimum 9'x18' parking spaces): _____
- Maximum Number of Vehicles for Overnight Occupants: _____

I hereby authorize the Municipality Staff to perform inspections related to this application as may be required between the hours of 8:00 A.M. and 8:00 P.M. The applicant understands and agrees to comply with the Pennsylvania Municipal Planning Code and Zoning Ordinance, as amended. All information supporting this application shall become part of the records of the Municipality, cannot be returned and may be examined by the public at any time during the normal working hours of the Municipal Office.

Application is hereby made for a permit to erect or alter a structure which shall be located as shown on the attached diagram/plot plan and/or to use the premises for the purposes herewith. The information which precedes, together with the plot plan/diagram, is made part of this application by the undersigned. It is understood and agreed by the applicant that any error, misstatement or misrepresentation of material, fact, either with or without intention on the part of this applicant, such as might or would operate to cause a refusal of this application or any change in the location, size or use of structure or land made subsequent to the issuance of this permit without approval of the Zoning Officer, shall constitute sufficient ground for the revocation of this permit.

Applicant Signature: _____

Date: _____

Owner Signature: _____

Date: _____

BOTH SIGNATURES ARE REQUIRED IF APPLICANT IS DIFFERENT THAN OWNER

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Meeting Dates (if applicable):

Historic: _____

Approved: Yes No

ZHB: _____

Approved: Yes No

Planning: _____

Approved: Yes No

Other: _____

Approved: Yes No

PA UCC Construction Permit Required: Yes No

Action Taken: Approved Denied

Zoning Fee: _____

Application Fee Paid: _____

Balance Due: _____

Date Paid: _____

Zoning Officer Signature: _____ **Date:** _____

If the permit is denied, the zoning officer shall note the applicable sections/basis of denial below:

A copy of the zoning officer's official letter of denial shall be attached to this application.