

Preferred Management Associates

PO Box 687
Moscow, PA 18444
570-795-4772

www.preferredmanagement.org

Dear Covington Township Resident,

In accordance with Covington Township Ordinance **2021-01** all short-term rentals must be registered with Covington Township and Preferred Management by June 1, 2022. The rental registration is a two-part process, part 1 with Covington Township, part 2 with Preferred Management.

This packet represents both parts of the short-term rental registration process. Included in this packet are the Covington Township forms and the Preferred Management forms. Please complete all sections on both sets of forms and return to Preferred Management.

You can return the forms via email to:

deirdrek@preferredmanagement.org

Mail to:
Preferred Management LLC
Attn: Short Term Rentals
PO Box 687
Moscow, PA 18444

Fax to 570-843-4758

There are fees associated with each part of the application process, please pay special attention to the fee scheduled located on the Short Term Rental application to ensure your application is processed quickly.

Sincerely,

Deirdre Kohn, Short Term Rental Manager
Preferred Management Associates; AAMC

SHORT-TERM RENTAL AND ZONING PERMIT **APPLICATION**

Covington Township, Lackawanna, PA

Print or type (See attached Instructions)

App. No. _____

Property Owner Information

Name _____
Mailing Address _____
City _____
State _____ Zip _____
Phone _____ 24 Hour Phone number if no managing agency: _____
Email _____
Property Address _____

Property Information

TAX PARCEL (PIN) NO. _____ **CONTROL NO.** _____
PROPERTY SIZE (AC/SF): _____ **ZONING DISTRICT:** _____
PROPERTY LOCATION: (Development Name, Street Name, Lot No. - If not within a Major Subdivision, give distance and direction from nearest intersecting roads.):

EXISTING USE (i.e. Residential Home, Undeveloped Residential lot, Commercial building etc.)

WETLAND: ___ YES ___ NO **FLOOD ZONE:** ___ YES ___ NO
SEWAGE DISPOSAL: () On-lot () Public Sewer
WATER SUPPLY: () Individual Well () Public System
ROAD ACCESS: () Private Road () Municipal Road () State Road

Information for license

24 Hour Telephone number of owner's managing agency _____
Marketing entity identification number _____

Total habitable floor space _____
Total number of bedrooms _____
Number of dwelling units _____ (example: single family dwelling = 1)
Maximum number of vehicles allowed for overnight occupants _____
Septic system age (approximate) _____ Capacity _____ Last service date _____

Date Issued: _____ **Zoning Officer:** _____

App. No. _____

RETURN COMPLETED APPLICATION AND ALL SUPPORTING DOCUMENTATION TO:

Covington Township
20 Moffat Drive
Covington Township, Pa. 18444

Phone: 570-842-0457
Fax: 570-842-2144
Email: zoning@covingtontp.org

Note: License Required: Completed application will be forwarded to Preferred Management Associates, who will govern registration and licensing for all short-term rentals within Covington Township.

Preferred Management Associates, LLC
PO Box 687
Moscow, PA 18444

Telephone: 570-795-4772
deirdrek@preferredmanagement.org
www.preferredmanagement.org

Applicant/Owner Certification

I (We) hereby represent that the information provided herein and documents submitted herewith are true and correct and request that a Zoning Land Use and Short Term Rental Permit be issued in reliance thereon. Further, I (We) have read all regulations pertaining to the operation of a short-term rental and agree to comply with them and the Covington Township Zoning Ordinance, as amended. Signing of this application authorizes the Township Zoning Officer and Short-Term Rental Management representative to perform all inspections required to ensure compliance with the Covington Township Zoning and Short-Term Rental Ordinances.

Owner(s) Signature: _____ **Date:** _____

Co-Owner: _____ **Date:** _____

Note: If the applicant is not the owner, written permission from the Owner(s) is required.

Zoning Officer Use Only

Date Application Received: _____ Fee: \$ _____ Check/Cash: _____
() Application Complete () Application Incomplete; Reason(s) _____

Sewer Enforcement Officer Approval date: _____
Property Verification of: 911 Address Sign _____ Short-term identification _____

() Permit Issued
() Permit Denied; Reason(s): _____

() Short Term Rental License fee paid

SHORT-TERM RENTAL AND ZONING PERMIT APPLICATION CHECKLIST

- _____ Copy of Short Term Rental/ Zoning Permit application
- _____ Photograph of the short-term rental taken from the access roadside
- _____ Floor plans – showing total habitable floor space, total number of bedrooms, maximum number of overnight occupants permitted in each bedroom
- _____ Site Diagram (Survey Map) – generally accurate, showing all structures & buildings, road, driveway, any water bodies/wetlands, indicating the number and location of designated on-site parking spaces, and location of septic system,
- _____ For On-Lot Sewage Disposal System: Evaluation from a pumper/hauler certifying the sewer disposal system is properly functioning, Proof of pumping within the last 3 years prior to this application
- _____ For Public Sewage Disposal System: Paid Bill
- _____ Copy of Lackawanna County Hotel Room Excise Tax Certificate (verification that sales taxes are paid)
- _____ Copy of current deed/document that establishes applicants' ownership

To be verified before property is rented:

- _____ 911 emergency address sign in accord with applicable requirements
- _____ Post short-term rental identification

Payment:

- _____ Application Fee – \$400.00 total - check payable to Covington Township
 - Change of Use Zoning Permit \$150.00 - check payable to Covington Township
 - Short Term Rental Permit (annual) Fee \$150.00 - check payable to Covington Township
 - Sewage Enforcement Verification \$100.00- check payable to Covington Township
- _____ Short Term Rental License Fee – \$600.00 - check payable to Preferred Management

COVINGTON TOWNSHIP SHORT TERM RENTAL CHECKLIST

Address: _____	
Homeowner Name: _____	
Phone Number: _____	
Date of Inspection: _____	Time: _____
Pass or Fail: _____	
2 nd Inspection Date (if needed): _____	
3 rd Inspection Date (if 1 st & 2 nd failed): _____	
Occupancy Total (# of beds/max# of guests)/ (#parking spaces): _____	
Managing Agent: _____	
Zoning Permit Number: _____	
STR Fee Paid: Yes _____	Check Number _____ No _____
STR Fee Paid: _____	
Number of Bathrooms : _____	Laundry Room: _____

- ☐ Copies of current Lackawanna County hotel tax certificate & current PA sales/use tax permit
- ☐ Copy of current recorded deed for the property establishing ownership
- ☐ Photo of Property from Road
- ☐ Proof of current insurance
- ☐ Smoke detectors in each bedroom
- ☐ Smoke detectors on each floor
- ☐ Smoke detectors outside each bedroom in common hallways
- ☐ Working GFI outlets for outlets located within 6 feet of water source
- ____ Aluminum or metal exhaust from dryer
- ____ Carbon monoxide detector if garage is attached
- ☐ Carbon monoxide in close proximity to bedroom(s) if more than 1 fuel type
- ☐ Fire extinguisher in kitchen
- ☐ Stairs – indoor– in good condition
- ☐ Stairs –outdoor – in good condition
- ____ Swimming pool, hot tub and spas must meet the Covington Township requirements.
- ☐ Must have at least 1 other habitable room minimum 120 sq. Ft.
- ☐ Minimum 1 parking space per bedroom and all space improved to mud free condition
- ☐ Name and Phone Number of local contact person or Managing Agency
- ☐ 911 Emergency Address sign and Short term rental Cling/Sticker visible from road
- ☐ Outdoor light directed away from adjoining property
- ☐ Fire, fire pits, charcoal burning grills and other devices shall be used in compliance with Covington Township Burning Ordinance
- ☐ Post in residence
 - ☐ 911 Address
 - ☐ Name and Number of Managing Agency or local contact
 - ☐ Maximum Number of Occupants and guest allowed
 - ☐ Maximum Number of vehicles allowed

COVINGTON TOWNSHIP SHORT TERM RENTAL CHECKLIST

- ☐ Number and location of parking and rules regarding snow removal, emergency vehicle access and right-of-way
- ☐ Trash pick-up day and/or where refuse should be stored (not stored outside)
- ☐ Copy of Permit and Copy of Conditions set forth in Section 10
- ☐ Notification of possible citations and or fines for violating STR ordinance, parking and occupancy requirements

NOTES:

INVOICE

INVOICE # Invoice No
DATE Enter date

If you have any questions concerning this invoice, Deirdre Kohn, STR Rental Manager
570-795-4772
deirdrek@preferredmanagement.org

THANK YOU FOR YOUR BUSINESS!

Short Term Rental Application

Covington Township, Lackawanna, PA

Property Owner Information

Name _____

Address _____

City _____ State _____ Zip _____

Phone Number _____

Rental Property Address _____

Rental Property City _____ State _____ Zip _____

24 hour local or Managing Agency Name (within 50 miles) _____

24 hour local or Managing Agency Phone Number _____

Total habitable floor space _____

Total Number of bedrooms (maximum 5, minimum 80 sq ft. per room) _____

Total Number of Bathrooms _____

Is there are Laundry Room? _____

Number of Occupants (not to exceed 2 per bedroom plus an additional 4) _____

Number of Dwelling Units (example single family dwelling =1) _____

Maximum number of vehicles (not to exceed the number of on-site parking) _____