

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 **2023-03** all short-term rentals must be registered with Covington Township and Preferred Management by May 1, 2023. 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

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

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

**COVINGTON TOWNSHIP EAGLE LAKE
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
- ELCA certificate of DEP Licensed and functioning sewer connection
- Functioning Smoke detectors in each bedroom
- Functioning Smoke detectors on each floor
- Functioning Smoke detectors outside each bedroom in common hallways
- All sleeping area must have a window and clear floor space to allow passage around sleeping area (bed)
- Working GFI outlets for outlets located within 6 feet of all water sources
- ____ Aluminum or metal exhaust from dryer
- Functioning Carbon monoxide
- Inspect all structures on the property
- Fire extinguisher in kitchen
- Stairs – indoor– in good condition
- Stairs –outdoor – in good condition
- Must have at least 1 other habitable room
- 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 EAGLE LAKE 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:

Eagle Lake 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 30 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? _____

Central Sewer _____

Number of Occupants (not to exceed 2 per bedroom) _____

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

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

SHORT-TERM RENTAL AND ZONING PERMIT
APPLICATION

Eagle Lake, 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: <input type="checkbox"/> YES <input type="checkbox"/> NO FLOOD ZONE: <input type="checkbox"/> YES <input type="checkbox"/> NO	
SEWAGE DISPOSAL: <input type="checkbox"/> On-lot <input type="checkbox"/> Public Sewer	
WATER SUPPLY: <input type="checkbox"/> Individual Well <input type="checkbox"/> Public System	
ROAD ACCESS: <input type="checkbox"/> Private Road <input type="checkbox"/> Municipal Road <input type="checkbox"/> 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 _____
Central Sewer _____

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@covingtontwp.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: _____
<input type="checkbox"/> Application Complete <input type="checkbox"/> Application Incomplete; Reason(s) _____		
Sewer Enforcement Officer Approval date: _____		
Property Verification of: 911 Address Sign _____ Short-term identification _____		
<input type="checkbox"/> Permit Issued		
<input type="checkbox"/> Permit Denied; Reason(s): _____		
<input type="checkbox"/> 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 Community Sewage Disposal System: ELCA certificate of DEP Licensed and functioning sewer connection
- _____ 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 – \$150.00 total - check payable to Covington Township
Change of Use Zoning Permit \$150.00 - check payable to Covington Township
- _____ Short Term Rental License Fee – \$600.00 - check payable to Preferred Management