

# *Preferred Management Associates*

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

[www.preferredmanagement.org](http://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](mailto: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*

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

## COVINGTON TOWNSHIP SHORT TERM RENTAL CHECKLIST

Address: _____	
Homeowner Name: _____	
Phone Number: _____	
Date of Inspection: _____	Time: _____
Pass or Fail: _____	
2 <sup>nd</sup> Inspection Date (if needed): _____	
3 <sup>rd</sup> Inspection Date (if 1 <sup>st</sup> & 2 <sup>nd</sup> 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
- Copy of Covington Sewer Authority Paid Bill (If applicable)
- Proof of current insurance
- Functioning Smoke detectors in each bedroom
- Functioning Smoke detectors on each floor
- Functioning Smoke detectors outside each bedroom in common hallways
- Functioning GFI outlets for outlets located within 6 feet of water source
- \_\_\_\_\_ Aluminum or metal exhaust from dryer
- \_\_\_\_\_ Carbon monoxide detector if garage is attached
- Functioning 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:

# 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 \_\_\_\_\_

Total Number of Bathrooms \_\_\_\_\_

Is there are Laundry Room? \_\_\_\_\_

Central Sewer \_\_\_\_\_

Number of Occupants \_\_\_\_\_

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**

**Covington Township, Lackawanna, PA**

**Print or type (See attached Instructions)**

App. No. _____
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**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 \_\_\_\_\_  
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.*

<b>Zoning Officer Use Only</b>	
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 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 – \$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