

Foster Township Zoning Office

1000 Wyoming Ave., Freeland Pa 18224
Phone: 570.636.3798 • Fax: 570.636.3584

Rental Application

Choose one:

- Short Term Rental
 Long Term Rental

Rental Address: _____

Property Owner Information

Owner Name: _____ Phone No.: _____

Mailing Address: _____

Email Address: _____

Local Manager/Agent Information

Name: _____ Phone No.: _____

Mailing Address: _____

Email Address: _____

*Any change in this information needs to be submitted in written form to this office, within 30 days of said change.

Rental Property Information

Physical Property Address: _____

Tax Parcel No.: 23- _____ Year Home Was Built: _____

Choose One: _____ Single Family _____ Multi-Family/2 Family/Apartment Building

Number of Units: _____ Number of Bedrooms per Unit: _____

Maximum Vehicles Permitted Overnight: _____ Off-Site Parking Spaces: _____

Choose One: _____ Public Sewer _____ On-Lot System

*If you are operating a Long-Term rental, please list tenant contact information:

Name: _____ Phone No.: _____

Email Address: _____

*A copy of your Insurance Certificate (minimum \$300,000 general liability) must be submitted with this application for it to be deemed complete.

Rental Fee will be collected upon submission of application. Fees are as follows:

2-3 Bedrooms: \$250.00 per unit

4-5 Bedrooms: \$500.00 per unit

6 + Bedrooms: \$750.00 per unit

Acknowledgement

The owner and/or agent have read all the regulations pertaining to the operation of short-term rentals and long-term rentals. The owner and/or agent will post and maintain the short-term rental and/or long-term rental as outlined by the Township ordinance. Short term rental certificates must be posted visibly in each rental.

By signing this application, I certify that all facts set forth within this application and all accompanying documents are true and correct. This application is being made by me to induce official action on the part of Foster Township. I understand that any false statements made herein are subject to the penalties of 18Pa.C.S.4904 relating to unsworn falsification to authorities.

Signature: _____ Date: _____

Print Name: _____

For Township Use Only

Date Received: _____ Rental Fee: _____ Check No.: _____

Application Complete (___)

Application Incomplete (___) for the following reasons: _____

Zoning/ Code Official Signature: _____ Date: _____

Certificate No.: _____ Date Issued: _____ Expiration Date: _____

Maximum Overnight Occupancy: _____