

Preferred Management Associates

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

www.preferredmanagement.org

Dear Salem Township Resident,

In accordance with Salem Township Ordinance Chapter 80 all short-term rentals must be registered with Salem Township and Preferred Management by March 4, 2023.

This packet represents the short-term rental registration process. Included in this packet are all forms to register your rental unit. Please complete and return to Preferred Management.

You can return the forms via email to:

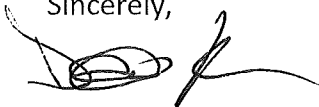
deirdrek@preferredmanagement.org

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, Short Term Rental Manager
Preferred Management Associates; AAMC

SHORT-TERM RENTAL AND LAND USE PERMIT
APPLICATION

Salem Township, Wayne County, Pennsylvania

Print or type (See attached Instructions)

App. No. _____

Property Owner Information

Name _____

Address _____

City _____

State _____ Zip _____

Phone _____

Email _____

24 Hour Phone number if no managing agency: _____

Property Information

TAX PARCEL (PIN) NO. _____ **CONTROL NO.** _____

PROPERTY SIZE (AC/SF): _____

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 () Community System

WATER SUPPLY: () Individual Well () Community 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: _____

Township Official: _____

App. No. _____

RETURN COMPLETED APPLICATION AND ALL SUPPORTING DOCUMENTATION TO:

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

Preferred Management Associates, LLC

PO Box 687

Moscow, PA 18444

Telephone: 570-795-4772

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Applicant/Owner Certification

I (We) hereby represent that the information provided herein and documents submitted herewith are true and correct and request that a 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 Salem Township SALDO Ordinance, as amended. Signing of this application authorizes the Township Enforcement Officer and Short-Term Rental Management representative to perform all inspections required to ensure compliance with the Salem Township SALDO 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.

Salem Township Official 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 LAND USE PERMIT APPLICATION CHECKLIST

- _____ Copy of Short Term Rental/ Land Use 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 Community Sewage Disposal System: Copy / Verification for: Community Sewage Disposal System hookup permit and number of bedroom allowance.
- _____ Copy of Wayne 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 Salem Township
 - Change of Use Land Use Permit \$150.00
 - Short Term Rental Permit (annual) Fee \$150.00
 - Sewage Enforcement Verification (annual) \$100.00 – **deduct if on Community Sewer System**
- _____ Short Term Rental License Fee – \$600.00 - check payable to Preferred Management

Short Term Rental Application

Salem Township, Wayne County, 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 _____

*24 hour local or Managing Agency Phone Number _____

Total habitable floor space _____

Total Number of bedrooms _____

Total Number of Bathroom _____

Is there a Laundry Room? _____

Total Number of parking space _____

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) _____

Pool, Hot Tub or Spa _____

Fire pit or Burning area _____

*Must respond with in 1 hour and be 30 miles or less from property

SALEM TOWNSHIP SHORT TERM RENTAL CHECKLIST

Preferred Management Use Only

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

- Copies of current Wayne County hotel tax certificate & current PA sales/use tax permit
- Copy of current recorded deed for the property establishing ownership
- Photograph taken of property from road
- Proof of current homeowners insurance of at least \$500,000 in General Liability
- 911 Emergency Address sign and Short term Sticker visible from road
- Smoke detectors in each bedroom
- Carbon Monoxide Detector
- Outdoor lighting directed away from adjoining property
- Smoke detectors on each floor (If no bedrooms on floor)
- Smoke detectors outside each bedroom
- GFI outlets for outlets located within 6 feet of water sources (Sinks, Tubs, Showers)
- _____Aluminum or metal exhaust from dryer
- Fire extinguisher in kitchen
- Stairs – outdoor – in good condition
- Stairs – indoor – in good condition
- _____Swimming pool, hot tub and spas must meet the Salem Township requirements.
- Minimum 1 parking space per bedroom, improved to mud free condition
- Fire and burning in compliance with Salem Township Burning Ordinance
- Post in residence
 - 911 Address
 - Name and Number of Managing Agency or local contact
 - Maximum Number of Occupants and guest allowed
 - 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
 - Notification of possible citations and or fines for violating STR ordinance, parking and occupancy requirements

**SALEM TOWNSHIP
SHORT TERM RENTAL CHECKLIST**

NOTES:

Example Posting in Residence

1. 911 Address
2. Name of Managing Agency, Agent, Property Manager, Local Contact, Owner and 24 hour number they can be reached.
3. Maximum Number of Occupants and Day Guest
4. Maximum Number of Vehicles and parking places
5. All vehicles must be in parking places on property
6. Rules regarding snow removal
7. Trash pick up day and no trash or refuse shall be stored on the exterior of the property
8. Notification that there may fines or citations for creating disturbances or violating provision of the ordinance