

LYNN TOWNSHIP LEHIGH COUNTY

ZONING OFFICE

7911 Kings Highway • New Tripoli, PA 18066 • (610) 298-2645 • Fax (610) 298-2896
Website: www.lynnntp.org • email: trishb@lynnntp.org

SHORT-TERM RENTAL APPLICATION

NON REFUNDABLE Application Fee: \$75.00 Permit Fee: \$350.00 Annual Renewal Fee: \$100.00

ALL SECTIONS OF THIS APPLICATION MUST BE COMPLETED ANNUALLY

1. Property Address: _____
2. Property Identification Number (PIN): _____
3. Property Owner's Name (s): _____
Mailing Address: _____
24 Hour Phone Number: _____
Can this phone number receive text messages: _____
Email: _____

Managing Agent's Name: _____
Mailing Address: _____
24 Hour Phone Number: _____
Can this phone number receive text messages: _____
Email: _____
4. Type of Dwelling used for Short Term Rental: Single Family Townhome/Condo
 Multi-Family Individual Rooms Other: _____
If building is a multi-unit structure, total # of units: ___ # of units used for Short-Term Rentals: ___
if multiple units being used, a separate application and fee are required for each unit used as a Short-Term Rental.
5. Total number of bedrooms: _____ Total number of bathrooms: _____
6. Sewage System: Private Septic Public/ Community Sewer
If Private Septic, date of last inspection/pump: _____
***Must also provide Lynn Township with copy of professional evaluation of septic system detailing the location, age and capacity of the system, and its ability to serve as a Short-Term Rental.**
Approximate age of system: _____ Capacity of System: _____
7. Is the property within a gated community/ HOA? _____ If yes, provide access code: _____
8. Is property listed with a third party broker such as AirBnB, VRBO, etc? _____
If so, please provide listing information: _____

Application must be submitted with the following:

1. Copy of the current deed
2. Floor plans for the Short-Term Rental Unit, including total habitable floor space and total number of bedrooms.
3. Site Plan showing the location and number of on-site parking spaces
4. If Private Septic
 - a. The location
 - b. Approximate age and capacity of the sewage disposal system
 - c. A certified professional evaluation of the septic system
 - d. Proof of pumping with in last 12 months
5. Copy of current Lehigh County Hotel Room Excise Tax Certificate -OR- proof of listing and collection through a third-party broker such as VRBO, AirBnB, etc.
6. Current Pennsylvania Sales and Use Tax Permit -OR- same option in (5) above
7. Trespass Waiver signed by owner of the property
8. Application fee of \$50.00

I hereby certify that I am the owner of the above referenced property. If the property is owned by an entity, I certify that I have the authority to submit this Application on the behalf of the entity and bind it to all of its terms. I have read, understand, and agree to the provisions set forth in Ordinance No 20-02 of Lynn Township for Residential Short-Term Rentals. I agree to conform to all applicable laws of this jurisdiction and any violation may result in fines and/or revocation of this Short-Term Rental Permit. I understand that issuance of a Short-Term Rental Permit is not guaranteed by this application and additional fees will be due upon approval/ renewal.

Signature of Property Owner: _____ Date: _____

I hereby certify that I am the Managing Agent for the above referenced property and have been given the authority to act on behalf of the Property Owner and am authorized to have direct contact with the Township and its representatives, and to accept service on behalf of the Property Owner for all matters related to this Application and any subsequently issued permit. I have read, understand, and agree to the provisions set forth in Ordinance No 20-02 of Lynn Township for Residential Short-Term Rentals. I agree to conform to all applicable laws of this jurisdiction and any violation may result in fines and/or revocation of this Short-Term Rental Permit. I understand that issuance of a Short-Term Rental Permit is not guaranteed by this application and additional fees will be due upon approval/ renewal.

Signature of Managing Agent: _____ Date: _____

Township Use Only- Application Fee _____	Date Submitted: _____
Zoning District _____	Permit/ Renewal Fee: _____ Date: _____
Permit # _____	Date of Issuance _____
Application Approved: Yes ___/ No ___	Reason for Denial: _____
Reviewed by Zoning Officer _____	Date: _____

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TRESPASS WAIVER

The undersigned is/are the owner(s) of a parcel of land in Lynn Township, Lehigh County, Pennsylvania, at the following address: _____

Property Identification Number (PIN): _____

The undersigned authorize(s) and allow(s) any agents, employees, public officials or representatives of Lynn Township to enter upon the above land and enter any structures for the purpose of performing any inspection or site visit deemed necessary to determine compliance with the Lynn Township Code of Ordinances and/or this Application and subsequently issued Permit.

The undersigned has signed this Waiver this ____ day of _____, 20____, intending thereby to be legally bound.

Property Owner's Name(s): _____

*If Owner is an entity, print also the name of the person signing this waiver

Signature of Property Owner / Authorized Agent of the Entity _____

Township Authorized Witness: _____