



SUMMIT TOWNSHIP

1230 Townhall Road West Suite 100 | Erie, PA 16509

814-868-9686

www.summittownship.com

Tamara Cass – Zoning Administrator Email: tcass@summitpa.us

SHORT TERM RENTAL APPLICATION

PROPERTY OWNER INFORMATION

Property Owner: _____ 24 hr Phone # _____

Email: _____

Mailing Address: _____ City/State/Zip: _____

PROPERTY MANAGER INFORMATION

Property Manager: _____ 24 hr Phone # _____

Email: _____

Mailing Address: _____ City/State/Zip: _____

PROPERTY INFORMATION

Property Address: _____ Townhouse/Rowhouse/Apartment? Y N

of bedrooms (per sewage permit): _____ (over 5 bedrooms provide proof disposal system is adequate)

Max # overnight occupants (2 per bedroom + 4): _____ Max # of day guests (75% of max overnight): _____

of parking spaces _____ (at least one 9ft. x 18ft. space per bedroom on paving, stone, or similar material)

ACKNOWLEDGEMENTS

Please read and initial all statements. I, the Property Owner, acknowledge:

___ that a copy of the license and conditions in section 10 will be posted in a conspicuous place in the short-term rental

___ that the 911 emergency address sign will be posted and maintained at the short-term rental in accordance with applicable requirements

___ that a copy of the Summit Township Short Term Rental Ordinance No. 2022-02 was received and all regulations pertaining to the operation of the short-term rental are understood

___ that all designated bedrooms contain a minimum of 70 square feet

___ that all places, premises, and rental logs shall be subject to inspection to verify compliance

___ (if applicable) that my Property Manager is aware of all rules and regulations

ATTACHMENTS REQUIRED

- **\$100.00 Application Fee**
- **\$25.00 Inspection Fee**
- Photograph of the short-term rental taken from the access road side
- Floor plan of the short-term rental drawn to scale
- Diagram or photograph of the premises showing and indicating the number and location of designated on-site parking spaces and the maximum number of vehicles allowed for overnight occupants

By signing the application, I certify that all facts set forth within the application and all accompanying documentation are true and correct.

Signature of Owner / Manager

Print Name

Date