



COOLBAUGH TOWNSHIP MUNICIPAL CENTER

5520 Municipal Drive, Tobyhanna, PA 18466
570-894-8490 Fax 570-894-8413
www.coolbaughtwp.org

Coolbaugh Township Short Term Rental Application

Owner Information

Name _____ Phone _____ Email _____
Address _____ City _____ State _____ Zip _____

Emergency Contact (Person, Agency or Firm- must provide 24-hour contact number, able and willing to come to and be present at the property within two (2) hours following notification to address any issue, and act as legal agent for the owner)

Name _____ Phone _____
Address _____ City _____ State _____ Zip _____

Property Information

Property Address _____
Development _____ Lot _____ Block _____ Section _____
Marketing ID Number _____ Description of Home _____
Sq. Footage _____ Total Bedrooms _____ Total Number of Overnight Guests _____

(Total overnight guests shall not exceed two (2) per bedroom plus four (4) additional persons per residence. Infants under two (2) years of age shall not count towards the limit of overnight occupants)

Security Alarm (Y/N) _____ Alarm Company _____ (If No, please complete Alarm Application)

Fees

- Initial Application/Inspection Fee- **\$200** Annual License Renewal Fee- **\$150**
- Reinspection Fee- **\$40** (for any corrections needed found during inspection, or any revision to the property)
- Make checks payable to COOLBAUGH TOWNSHIP

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

SIGNATURE _____ PRINT _____ DATE _____

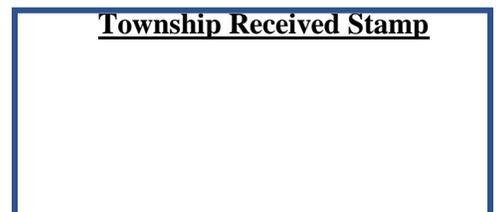
FOR TOWNSHIP USE ONLY

RECEIVED BY _____ FEE RECEIVED _____ CASH (Y/N) _____ CHECK/MONEY ORDER # _____

ALARM PERMIT # _____ SMO REPORT DATE _____

APPLICATION: GRANTED _____ DENIED _____ PERMIT # _____

OFFICER _____ DATE _____



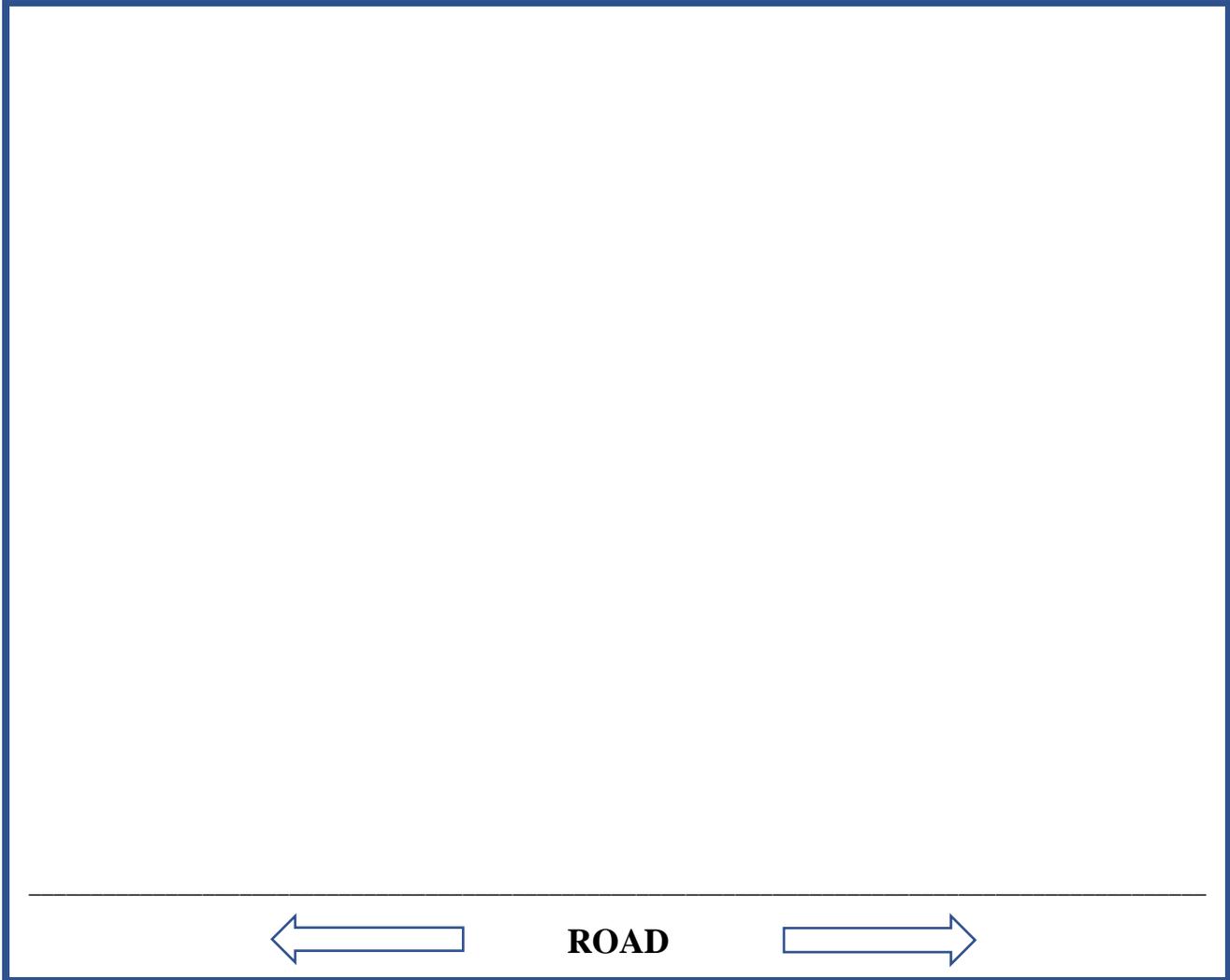


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DIAGRAM OF PROPERTY INDICATING NUMBER AND LOCATION OF ON-SITE PARKING

(PHOTOGRAPH MAY BE ATTACHED)



- Minimum of one (1) parking space per bedroom shall be provided, and may include garage space.
- Each vehicle parking space shall be a rectangle of minimum width of nine (9) feet and a minimum length of eighteen (18) feet with adequate space to facilitate access and use of spaces.
- All parking spaces shall be located on the owner's property and not in any private, community or public right-of-way.
- All parking spaces shall be improved to a mud-free condition with stone, paving or similar approved material.
- All parking spaces shall be accessed from the driveway serving the property and not from any Township or State road, if property is accessed directly by said roadways.



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DIAGRAM OF FLOOR PLAN(S)

(PHOTOGRAPHS MAY BE ATTACHED)

| Main Floor (1 st floor) | Upper Floor (2 nd Floor) |
|------------------------------------|-------------------------------------|
| | |
| Basement (if applicable) | OTHER |
| | |

- Minimum bedroom size 70 sq. ft.
- Must have at least one (1) other habitable room of minimum 120 sq. ft.



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ALARM PERMIT APPLICATION (if needed)

NAME _____ PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

DESCRIPTION OF PROPERTY WHERE ALARM WILL BE OR HAS BEEN INSTALLED:

DEVELOPMENT _____ LOT _____ BLOCK _____ SECTION _____

BRIEF DESCRIPTION OF DWELLING (one story, two story, garage, siding color, etc.)

DESCRIPTION OF ALARM:

MANUFACTURER _____ MODEL NUMBER _____

INSTALLER NAME _____ ADDRESS _____ PHONE _____

PERSON TO BE CONTACTED IN THE EVENT OF ALARM ACTIVATION:

NAME _____ PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

***** PERSON OR FIRM NAMED MUST BE AVAILABLE TO DEACTIVATE OR SHUT OFF ALARM WITHIN A REASONABLE TIME AFTER BEING NOTIFIED BY THE POLICE*****

ALARM PERMIT APPLICATION FEE: \$30 (checks payable to COOLBAUGH TOWNSHIP)

SIGNATURE OF APPLICANT _____ DATE _____

FOR TOWNSHIP USE ONLY

RECEIVED BY _____ FEE RECEIVED _____

DATE APPROVED _____ PERMIT # _____

