

PERMIT NO.		EXPIRATION DATE:	
Jackson Township 60 N Ramona Rd Myerstown, PA 17067	Short-Term Rental License Application \$200 Fee / \$200 Annual Renewal	www.jacksontownship-pa.gov 717-866-4771	office@jacksontownship-pa.gov

Rental Property Address: _____ **Unit #** _____

Owner Information

Full Name: _____ Cell #: _____
Last First

Address: _____
Mailing Address Physical Address (if mailing address is a PO Box)

City _____ State _____ ZIP Code _____

Email (required) _____

Name of Responsible Party: _____
Required if owner is a Corporation, Partnership, LLC, Trust, etc.

Responsible Party Address *: _____
***If mailing address is a PO Box - a physical address must also be listed**

Person In Charge

(required if owner resides more than 15 miles from rental unit)

Name: _____ Address: _____

Email (required) _____ Phone: _____

Signature: _____ Date: _____

Property Information

Type of Structure: _____ # of Bedrooms: _____ # of Off-Street Parking Spaces: _____
Single Family / Duplex (1st & 2nd Fl units) / Multi-Family (3 or more units)

Name of Trash Hauler: _____ Day of Pick-Up: _____

Is the property served by public sewer? _____
If No, attach copy of original on-lot sewage permit & last pump / inspection report (within 3 years)

A COPY OF THE DEED MUST BE INCLUDED WITH THIS APPLICATION

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. I understand that as the owner of this property, I am ultimately responsible for maintaining it compliance with all Federal, State & Local Regulations regardless of any agreements or leases with tenants or the person in charge. Failure to maintain the property in compliance may result in loss of my rental license. I also grant permission for the Code Enforcement Officer to inspect my rental property during normal business hours to verify compliance with Ordinance 4-2021

LICENSE MUST BE RENEWED ANNUALLY

Owner Signature: _____ Date: _____

Zoning Officer: _____ Date: _____ Check # _____