



Stroud Township  
1211 North Fifth Street, Stroudsburg, PA 18360  
Phone: (570) 421-3362 Fax: (570) 421-3240

**RENEWAL SHORT-TERM RENTAL PERMIT APPLICATION**

Property Address: \_\_\_\_\_ Current Permit Number: \_\_\_\_\_  
Advertising Property Reference Number (ID) \_\_\_\_\_

Property Owner Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Phone (24 Hour): \_\_\_\_\_ Alternate Phone (24 Hour): \_\_\_\_\_  
Email: \_\_\_\_\_

**Managing Agency, Agent or Local Contact Person**

Same as Property Owner  
Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Phone (24 Hour): \_\_\_\_\_ Alternate Phone (24 Hour): \_\_\_\_\_  
Email: \_\_\_\_\_

**Trash Hauler:** \_\_\_\_\_ **Pick-Up Day:** \_\_\_\_\_  
**(Must be Township Approved)**

**Documents Required\***

**Check**

- Number of Bedrooms: \_\_\_\_\_ Number of Parking Spaces: \_\_\_\_\_ \_\_\_\_\_
- Copy of County Hotel and PA Sales & Use Tax Certificates \_\_\_\_\_
- Copy of PA Sales & Use Tax Certificates \_\_\_\_\_
- Insurance Policy Declaration Page (min. \$500,000 liability coverage  
for house use as short-term rental) \_\_\_\_\_

\*If the building is a multi-unit structure, the total number of Dwelling Units in the structure and the number of Dwelling Units being used as Short-Term Rentals.

I/We hereby give consent for inspection of the property by the zoning/code enforcement officer to verify compliance with the Short-Term Rental ordinance. Owner authorizes management company to act on behalf of property owner. There has been no change in the occupancy since the last inspection, without written notice to the Township.

Print Property Owner Name: \_\_\_\_\_

Signature of Property Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Print Managing Agent Name: \_\_\_\_\_

Signature of Managing Agent: \_\_\_\_\_ Date: \_\_\_\_\_

**Short-Term Rental (STR) Fees (2023):**

<u>Each Year After First year</u> .....	\$400.00
Includes 1 inspection @ \$100.00	
Includes 1 SEO inspection if on-site septic	
<u>Each additional inspection fee</u> .....	\$100.00

FOR OFFICE USE ONLY

Application #: \_\_\_\_\_ Submission Date: \_\_\_\_\_  
STR Fee: \_\_\_\_\_