

Lancaster Township Short Term Rental Application

(Ordinance # 2022-02)

Property Address _____

Property Owner(s) Name(s) _____

Contact info for Property Owner(s) Email _____ Phone _____

Email _____ Phone _____

Single Family Detached Dwelling Y N Number of rooms for rent - One / Other- _____

Operations Management Plan Provided - _____ Number of people Currently Living at Dwelling- _____

Off Street Parking Spots Available - _____ Number of Vehicles Currently at Dwelling - _____

Is the Property Registered with the Lancaster County Treasurer's Office for Tax Purposes - _____

Tax Certificate of Authorization- _____ Designated Facility # - _____ Date Registered _____

Signature of All Property Owners - _____

Township to Complete Below

Date Application Submitted to Township- _____ Permit # for Project _____

Zoning District-	Single Family Dwelling Y N
Occupancy for Room(s)	Parking Sufficient Y N
Approved for Short Term Rental Y N	Needs Zoning Hearing Board Approval Y N
Township Signature	Date