

# *Preferred Management Associates*

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PO Box 687  
Moscow, PA 18444  
570-795-4772  
[www.preferredmanagement.org](http://www.preferredmanagement.org)

Dear Covington Township Resident,

In accordance with Covington Township Ordinance **2021-01** all short-term rentals must be registered with Covington Township and Preferred Management by June 1, 2022. The rental registration is a two-part process, part 1 with Covington Township, part 2 with Preferred Management.

This packet represents both parts of the short-term rental registration process. Included in this packet are the Covington Township forms and the Preferred Management forms. Please complete all sections on both sets of forms and return to Preferred Management.

You can return the forms via email to:

[deirdrek@preferredmanagement.org](mailto:deirdrek@preferredmanagement.org)

Mail to:  
Preferred Management LLC  
Attn: Short Term Rentals  
PO Box 687  
Moscow, PA 18444

Fax to 570-843-4758

There are fees associated with each part of the application process, please pay special attention to the fee scheduled located on the Short Term Rental application to ensure your application is processed quickly.

Sincerely,



Deirdre Kohn, Short Term Rental Manager  
Preferred Management Associates; AAMC

**COVINGTON TOWNSHIP  
SHORT TERM RENTAL CHECKLIST**

Address: _____	
Homeowner Name: _____	
Phone Number: _____	
Date of Inspection: _____	Time: _____
Pass or Fail: _____	
2 <sup>nd</sup> Inspection Date (if needed): _____	
3 <sup>rd</sup> Inspection Date (if 1 <sup>st</sup> & 2 <sup>nd</sup> failed): _____	
Occupancy Total (# of beds/max# of guests)/ (#parking spaces): _____	
Managing Agent: _____	
Zoning Permit Number: _____	
STR Fee Paid: Yes _____	Check Number _____ No _____
STR Fee Paid: _____	
Number of Bathrooms :	Laundry Room:

- Copies of current Lackawanna County hotel tax certificate & current PA sales/use tax permit
- Copy of current recorded deed for the property establishing ownership
- Photo of Property from Road
- Proof of current insurance
- Smoke detectors in each bedroom
- Smoke detectors on each floor
- Smoke detectors outside each bedroom in common hallways
- Working GFI outlets for outlets located within 6 feet of water source
- \_\_\_\_\_ Aluminum or metal exhaust from dryer
- \_\_\_\_\_ Carbon monoxide detector if garage is attached
- Carbon monoxide in close proximity to bedroom(s) if more than 1 fuel type
- Fire extinguisher in kitchen
- Stairs – indoor– in good condition
- Stairs –outdoor – in good condition
- \_\_\_\_\_ Swimming pool, hot tub and spas must meet the Covington Township requirements.
- Must have at least 1 other habitable room minimum 120 sq. Ft.
- Minimum 1 parking space per bedroom and all space improved to mud free condition
- Name and Phone Number of local contact person or Managing Agency
- 911 Emergency Address sign and Short term rental Cling/Sticker visible from road
- Outdoor light directed away from adjoining property
- Fire, fire pits, charcoal burning grills and other devices shall be used in compliance with Covington Township Burning Ordinance
- Post in residence
  - 911 Address
  - Name and Number of Managing Agency or local contact
  - Maximum Number of Occupants and guest allowed
  - Maximum Number of vehicles allowed

**COVINGTON TOWNSHIP  
SHORT TERM RENTAL CHECKLIST**

- Number and location of parking and rules regarding snow removal, emergency vehicle access and right-of-way
- Trash pick-up day and/or where refuse should be stored (not stored outside)
- Copy of Permit and Copy of Conditions set forth in Section 10
- Notification of possible citations and or fines for violating STR ordinance, parking and occupancy requirements

NOTES:

# Short Term Rental Application

Covington Township, Lackawanna, PA

## Property Owner Information

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Rental Property Address \_\_\_\_\_

Rental Property City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

24 hour local or Managing Agency Name (within 50 miles) \_\_\_\_\_

24 hour local or Managing Agency Phone Number \_\_\_\_\_

Total habitable floor space \_\_\_\_\_

Total Number of bedrooms (maximum 5, minimum 80 sq ft. per room) \_\_\_\_\_

Total Number of Bathrooms \_\_\_\_\_

Is there are Laundry Room? \_\_\_\_\_

Number of Occupants (not to exceed 2 per bedroom plus an additional 4) \_\_\_\_\_

Number of Dwelling Units (example single family dwelling =1) \_\_\_\_\_

Maximum number of vehicles (not to exceed the number of on-site parking) \_\_\_\_\_

**SHORT-TERM RENTAL AND ZONING PERMIT**  
**APPLICATION**

**Covington Township, Lackawanna, PA**

Print or type (See attached Instructions)

App. No. _____
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**Property Owner Information**

Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ 24 Hour Phone number if no managing agency: \_\_\_\_\_  
Email \_\_\_\_\_  
Property Address \_\_\_\_\_

**Property Information**

TAX PARCEL (PIN) NO. _____	CONTROL NO. _____
PROPERTY SIZE (AC/SF): _____	ZONING DISTRICT: _____
PROPERTY LOCATION: (Development Name, Street Name, Lot No. - If not within a Major Subdivision, give distance and direction from nearest intersecting roads.): _____ _____	
EXISTING USE (i.e. Residential Home, Undeveloped Residential lot, Commercial building etc.) _____	
WETLAND: <input type="checkbox"/> YES <input type="checkbox"/> NO      FLOOD ZONE: <input type="checkbox"/> YES <input type="checkbox"/> NO	
SEWAGE DISPOSAL: ( <input type="checkbox"/> ) On-lot    ( <input type="checkbox"/> ) Public Sewer	
WATER SUPPLY: ( <input type="checkbox"/> ) Individual Well    ( <input type="checkbox"/> ) Public System	
ROAD ACCESS: ( <input type="checkbox"/> ) Private Road    ( <input type="checkbox"/> ) Municipal Road    ( <input type="checkbox"/> ) State Road	

**Information for license**

24 Hour Telephone number of owner's managing agency \_\_\_\_\_  
Marketing entity identification number \_\_\_\_\_  
  
Total habitable floor space \_\_\_\_\_  
Total number of bedrooms \_\_\_\_\_  
Number of dwelling units \_\_\_\_\_ (example: single family dwelling = 1)  
Maximum number of vehicles allowed for overnight occupants \_\_\_\_\_  
Septic system age (approximate) \_\_\_\_\_ Capacity \_\_\_\_\_ Last service date \_\_\_\_\_

**Date Issued:** \_\_\_\_\_      **Zoning Officer:** \_\_\_\_\_

App. No. \_\_\_\_\_

**RETURN COMPLETED APPLICATION AND ALL SUPPORTING DOCUMENTATION TO:**

Covington Township  
20 Moffat Drive  
Covington Township, Pa. 18444

Phone: 570-842-0457  
Fax: 570-842-2144  
Email: zoning@covingtontwp.org

*Note: License Required: Completed application will be forwarded to Preferred Management Associates, who will govern registration and licensing for all short-term rentals within Covington Township.*

*Preferred Management Associates, LLC  
PO Box 687  
Moscow, PA 18444*

*Telephone: 570-795-4772  
deirdrek@preferredmanagement.org  
www.preferredmanagement.org*

**Applicant/Owner Certification**

I (We) hereby represent that the information provided herein and documents submitted herewith are true and correct and request that a Zoning Land Use and Short Term Rental Permit be issued in reliance thereon. Further, I (We) have read all regulations pertaining to the operation of a short-term rental and agree to comply with them and the Covington Township Zoning Ordinance, as amended. Signing of this application authorizes the Township Zoning Officer and Short-Term Rental Management representative to perform all inspections required to ensure compliance with the Covington Township Zoning and Short-Term Rental Ordinances.

**Owner(s) Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Co-Owner:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Note: If the applicant is not the owner, written permission from the Owner(s) is required.*

<b>Zoning Officer Use Only</b>	
Date Application Received: _____	Fee: \$ _____ Check/Cash: _____
<input type="checkbox"/> Application Complete <input type="checkbox"/> Application Incomplete; Reason(s) _____	
_____	
Sewer Enforcement Officer Approval date: _____	
Property Verification of: 911 Address Sign _____	Short-term identification _____
<input type="checkbox"/> Permit Issued <input type="checkbox"/> Permit Denied; Reason(s): _____	
_____	
<input type="checkbox"/> Short Term Rental License fee paid	

SHORT-TERM RENTAL AND ZONING PERMIT APPLICATION CHECKLIST

- \_\_\_\_\_ Copy of Short Term Rental/ Zoning Permit application
- \_\_\_\_\_ Photograph of the short-term rental taken from the access roadside
- \_\_\_\_\_ Floor plans – showing total habitable floor space, total number of bedrooms, maximum number of overnight occupants permitted in each bedroom
- \_\_\_\_\_ Site Diagram (Survey Map) – generally accurate, showing all structures & buildings, road, driveway, any water bodies/wetlands, indicating the number and location of designated on-site parking spaces, and location of septic system,
- \_\_\_\_\_ For On-Lot Sewage Disposal System: Evaluation from a pumper/hauler certifying the sewer disposal system is properly functioning, Proof of pumping within the last 3 years prior to this application
- \_\_\_\_\_ For Public Sewage Disposal System: Paid Bill
- \_\_\_\_\_ Copy of Lackawanna County Hotel Room Excise Tax Certificate (verification that sales taxes are paid)
- \_\_\_\_\_ Copy of current deed/document that establishes applicants' ownership

To be verified before property is rented:

- \_\_\_\_\_ 911 emergency address sign in accord with applicable requirements
- \_\_\_\_\_ Post short-term rental identification

Payment:

- \_\_\_\_\_ Application Fee – \$400.00 total - check payable to Covington Township
  - Change of Use Zoning Permit \$150.00 - check payable to Covington Township
  - Short Term Rental Permit (annual) Fee \$150.00 - check payable to Covington Township
  - Sewage Enforcement Verification \$100.00- check payable to Covington Township
- \_\_\_\_\_ Short Term Rental License Fee – \$600.00 - check payable to Preferred Management

To  
Covington Township Resident

# INVOICE

From  
Preferred Management  
PO Box 687  
Moscow, PA 18444  
[www.preferredmanagement.org](http://www.preferredmanagement.org)

INVOICE #  
DATE

Description	Amount
Preferred Management Rental License Fee	\$600.00
	<b>\$600.00</b>

Make all checks payable to Preferred Management  
Payment due with Application

If you have any questions concerning this invoice, Deirdre Kohn, STR Rental Manager  
570-795-4772  
[deirdrek@preferredmanagement.org](mailto:deirdrek@preferredmanagement.org)

THANK YOU FOR YOUR BUSINESS!



# ZONING PERMIT & APPLICATION – COVINGTON TOWNSHIP

20 Moffat Drive, Covington Township, PA 18444  
 Telephone: (570) 842-0457 Fax: (570) 842-2144

DATE OF APPLICATION:	APPLICATION NUMBER – -
NAME OF APPLICANT:	WHAT IS PRESENT USE: (State in detail)
NAME OF PERSON COMPLETING APPLICATION: (if applicant is not owner of property, attach authority to make application)	
ADDRESS OF APPLICANT:	WHAT IS PROPOSED USE: (State in detail)
HOME PHONE NUMBER: ( )	FEE: \$ _____ <input type="checkbox"/> CASH <input type="checkbox"/> CHECK # _____
WORK PHONE NUMBER: ( )	<input type="checkbox"/> SEWAGE PERMIT ISSUED AND ATTACHED
LOCATION OF PROPERTY: (Street address):	APPLICATION FOR A STRUCTURE: (Check all that apply)
TAX MAP PARCEL #: _____	<input checked="" type="checkbox"/> PRINCIPAL STRUCTURE
ZONING DISTRICT: _____	<input type="checkbox"/> ACCESSORY STRUCTURE
LOT DEPTH: _____ FT LOT WIDTH: _____ FT	<input type="checkbox"/> ADDITION OR RENOVATION
LOT AREA: _____ ( ) SQ FT ( ) ACRES	<input type="checkbox"/> POOL, FENCE OR SATELLITE DISH
	<input type="checkbox"/> STORMWATER MANAGEMENT STRUCTURE
	STATE TYPE OF FOUNDATION: _____
APPLICATION FOR USE: (Check all that apply)	SETBACKS:
<input type="checkbox"/> NEW PRINCIPAL PERMITTED USE	FRONT YARD: _____ FT
<input checked="" type="checkbox"/> CHANGE/EXPANSION OF USE <i>Short-Term Rental</i>	REAR YARD: _____ FT
<input type="checkbox"/> NEW/CHANGE IN ACCESSORY USE	SIDE YARD (Left): _____ FT
<input type="checkbox"/> CHANGE OF OCCUPANCY	SIDE YARD (Right): _____ FT
<input type="checkbox"/> CURRENT USE IS NON-CONFORMING	HEIGHT OF STRUCTURE: _____ FT
<input type="checkbox"/> CONDITIONAL USE	LOT COVERAGE AFTER STRUCTURE BUILT _____%
<input type="checkbox"/> SPECIAL EXCEPTION	IS LOT A STEEP SLOPE OR A WETLAND LOT: YES <input type="checkbox"/> NO <input type="checkbox"/>
<input type="checkbox"/> TEMPORARY USE	
<input type="checkbox"/> STORM WATER MANAGEMENT USE	
ACTION OF ZONING OFFICER: <i>Township Use Only</i>	OTHER DOCUMENTATION:
<input type="checkbox"/> APPROVED – THIS IS YOUR ZONING PERMIT	<input checked="" type="checkbox"/> PLOT PLAN IS ATTACHED SHOWING ALL BUILDINGS, USES, LOT LINES, STETBACKS AND DISTANCES.
<input type="checkbox"/> REFERRED TO PLANNING COMMISSION	<input type="checkbox"/> DOCUMENTATION ATTACHED IN ACCORD WITH ZONING ORDINANCE FOR CONDITIONAL USE OR SPECIAL EXCEPTION.
<input type="checkbox"/> REFERRED TO ZONING HEARING BOARD	
<input type="checkbox"/> DENIED – REASON:	APPLICATION IS HEREBY MADE FOR THE ABOVE USE/STRUCTURE IN ACCORD WITH THE COVINGTON TOWNSHIP ZONING ORDINANCE. FALSE STATEMENTS ARE SUBJECT TO PENALTY OF 18 PA. C.S. SEC. 4904.
DATE OF ACTION:	SIGNATURE OF APPLICANT:
ZONING OFFICER SIGNATURE:	