

# *Preferred Management Associates*

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PO Box 687  
Moscow, PA 18444  
570-795-4772

[www.preferredmanagement.org](http://www.preferredmanagement.org)

Dear Lehigh Township Resident,

In accordance with Lehigh Township Ordinance 2022-2 all short-term rentals must be registered with Lehigh Township and Preferred Management by May 5, 2022. The rental registration is a two-part process, part 1 with Lehigh Township, part 2 with Preferred Management.

This packet represents both parts of the short-term rental registration process. Included in this packet are the Lehigh 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

**LEHIGH TOWNSHIP  
SHORT TERM RENTAL CHECKLIST**

**Preferred Management Use Only**

Address: \_\_\_\_\_

Homeowner Name: \_\_\_\_\_

Date of Inspection: \_\_\_\_\_

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 \_\_\_\_\_

- Copies of current Wayne County hotel tax certificate & current PA sales/use tax permit
- Copy of current recorded deed for the property establishing ownership
- 911 Emergency Address sign and Short term rental Cling/Sticker visible from road
- Photograph taken of property from road
- Proof of current insurance
- Smoke detectors in each bedroom
- Outdoor light directed away from adjoining property
- Smoke detectors on each floor
- Smoke detectors outside each bedroom in common hallways
- GFI outlets for outlets located within 6 feet of water source
- Aluminum or metal exhaust from dryer
- Carbon monoxide detector if garage is attached
- Fire extinguisher in kitchen
- Stairs – indoor/outdoor – in good condition
- Swimming pool, hot tub and spas must meet the Lehigh Township requirements.
- Minimum 1 parking space per bedroom, improved to mud free condition
- Fire and burning in compliance with Lehigh Township Nuisance Ordinance

**LEHIGH TOWNSHIP  
SHORT TERM RENTAL CHECKLIST**

- Post in residence
  - 911 Address
  - Name and Number of Managing Agency or local contact
  - Maximum Number of Occupants and guest allowed
  - 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
  - Notification of possible citations and or fines for violating STR ordinance, parking and occupancy requirements

NOTES:

# Short Term Rental Application

Lehigh Township, Wayne County, 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 \_\_\_\_\_

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

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

Total Number of bedrooms \_\_\_\_\_

Total Number of parking space \_\_\_\_\_

Number of Occupants (not to exceed 12) \_\_\_\_\_

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

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

Pool, Hot Tub or Spa \_\_\_\_\_

Fire pit or Burning area \_\_\_\_\_

To  
Lehigh Township Resident

# INVOICE

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

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

**Lehigh Township, Wayne County, Pennsylvania**

**Print or type (See attached Instructions)**

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

**Property Owner Information**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

24 Hour Phone number if no managing agency: \_\_\_\_\_

**Property Information**

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

Lehigh Township  
32 Second St.  
P.O. Box 651  
Gouldsboro, Pa. 18424

Phone: 570-842-6262  
Fax: 570-842-7042  
Cell: 570-236-0020  
Email: lehigh.zoning@gmail.com

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

**Zoning Officer Use Only**

Date Application Received: \_\_\_\_\_ Fee: \$ \_\_\_\_\_ Check/Cash: \_\_\_\_\_  
( ) Application Complete ( ) Application Incomplete; Reason(s) \_\_\_\_\_

Sewer Enforcement Officer Approval date: \_\_\_\_\_  
Property Verification of: 911 Address Sign \_\_\_\_\_ Short-term identification \_\_\_\_\_

( ) Permit Issued  
( ) Permit Denied; Reason(s): \_\_\_\_\_

( ) 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 Community Sewage Disposal System: Copy / Verification for: Community Sewage Disposal System hookup permit and number of bedroom allowance.
- \_\_\_\_\_ Copy of Wayne 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 Lehigh Township
  - Change of Use Zoning Permit \$150.00 - check payable to Lehigh Township
  - Short Term Rental Permit (annual) Fee \$150.00 - check payable to Lehigh Township
  - Sewage Enforcement Verification \$100.00- check payable to Lehigh Township
- \_\_\_\_\_ Short Term Rental License Fee – \$600.00 - check payable to Preferred Management