## ZONING PERMIT APPLICATION FOR SHORT TERM RENTAL HOUSING

## **Borough of Bellefonte**



Application Fee: \$130 per unit Paid:  (Check can be made out to: Bellefonte Borough)	Date Received (by boro):
Rental Property Address:	
Property Owner:	
Phone Number:Ema	ail:
Address:	
If the property owner is not a full-time resident at the rental property address, They must be at least 21 years of age and reside within 25 miles of the Borougi available 24/7 whenever the p	h centered by the location of the County Court House and must be locally
Person in Charge:	
Phone Number:Ema	ail:
Address:	
	permitted in the R-1 and R-2 Residential Districts or units below ge house)
Additional Information (please indicate number of bedro	oms per unit, and units per structure):
Certification:  By signing this document, I acknowledge that I am the deed owner of said property. I also a Borough Ordinance Chapter 425 Property Maintenance and Safety; Chapter 550 Zoning; a understand and realize that failure to follow said requirements may result in the revocation	nd the 2017 Centre Region Building Safety & Property Maintenance Code. I
Signature of Applicant:	Date:

## **ZONING PERMIT CHECKLIST** FOR SHORT-TERM RENTAL HOUSING

## **Borough of Bellefonte**

\*\*\* incomplete checklists and paperwork will not be received for review by the Borough



Rental Property Addr	ress:	
☐ I intend to rent out my space as	a short-term rental only.	
☐ I intend to rent out my space as	a both a short-term (under 30 nights) and	a long-term rental (30 nights+) rental
Please provide the following in	nformation and documentation:	
☐ Attach a completed zoning short-term rental housing permit application + \$130 fee (per unit)		
•	erator will provide no more than two on-stre off the property equal to the number of bed	
☐ If applicable, proof of	any violations/penalties being paid and	d/or remedied.
☐ Proof of insurance spe	cifically for rental property (Minimum cov	verage \$100,000. Hazard and Liability)
☐ Proof of registration a	nd payment of hotel tax.	
*** for more info:	https://centrecountypa.gov/768/Centre-	County-Hotel-Room-Tax-Information
$\square$ Phone number and na	me of Person in Charge, available 24/7	
□ Proof of residence: Eith homestead exception.	her a listing of months/dates the property	is principal residents or a copy of
☐ Certification that opera	tor is aware Bellefonte Borough will prov	ride information submitted on this
application to relevant tax	king authorities.	
$\square$ Record of all dates the	dwelling was used in the previous year	as a short-term rental property;
	entals (30 nights or more)	
_	oth extended and short-term, record mus	* *
	vide accurate records or providing fraudu	lient records will constitute a violation
of the renewal p	enou.	
aware of all rules and regulations contains 550 Zoning; and the 2017 Centre Region	ge that I am the deed owner or authorized POA for ned in the Bellefonte Borough Ordinance Chapter 4 n Building Safety & Property Maintenance Code. I u esult in the revocation of the residential rental pern	25 Property Maintenance and Safety; Chapter understand and realize that failure to follow said
OWNER AUTHORIZATION:		
Signature	Print Name	 Date:
	e/ designated agent are the same please ched agent/ person in charge must sign below	
PERSON-IN-CHARGE/ DESIGNA	TED AGENT:	
Signature	Print Name	Date:
Contact: Gina Thompson	814-355-1501, ext 216	gthompson@bellefontepa.gov