

OFFICE.USE.ONLY

Permit #: _____ Date Received: _____
Issue Date: _____ Date of Public Notice: _____
Expiration Date: January 31 _____ Date of Action: _____
Board Decision: _____



BROWN TOWNSHIP SHORT-TERM RENTAL APPLICATION

☐ NEW ☐ RENEWAL ☐ HOSTED ☐ UNHOSTED. ☐ INFO UPDATE

APPLICANT – PROPERTY OWNER OR PROPERTY OCCUPANT INFORMATION

PLEASE.CHECK.CORRECT.APPLICANT.TYPE

☐ PERMANENT OCCUPANT ☐ OWNER

Applicant's Full Name: _____ OFFICE.USE.ONLY

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Business Name (if applicable): _____

Business Address (where incorporated): _____

Entity/Corporation #: _____ Applicant's Relationship to Business: _____

SHORT-TERM PROPERTY LOCATION INFORMATION

Street Address: _____ Ste/Apt: _____ Parcel No: _____

City: _____ State: _____ Zip: _____

Number of Guestrooms Available: _____ Maximum Occupancy Number: _____

Number of Off-Street Parking spaces: _____

IF DIFFERENT FROM APPLICANT – SHORT-TERM RENTAL PROPERTY MANAGEMENT

Host Information: _____

Short-Term Property Management Company: _____ OFFICE.USE.ONLY

Short-Term Property Management Rep/Agent: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

24-HOUR LOCAL POINT OF CONTACT INFORMATION

Full Name: _____ OFFICE.USE.ONLY

Residential Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

ITEMS REQUIRED FOR A COMPLETE APPLICATION

- Applicant to submit the Short-Term Rental Application form (10 copies of each) as well as any other necessary information to support the request.
- Complete copy of building plans no larger than 11 X 17
- Site Plan / Plot Plan which must show the layout of your property generally to scale and must include the following: all property lines and dimensions including setbacks, all existing buildings, driveway(s), and other prominent site features.
- Document(s) from the Delaware Public Health District stating the Household Sewage Treatment System HSTS is not creating a public health nuisance. Please provide a copy of the "Sewage Treatment System Assessment Report".
- Copy of Health District letter of operational onsite treatment system, or Regional Sewer district sanitary service connection.

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

No proposed improvements shall be made relative to issuance or approval of Short-Term Rental permit. Any property improvements shall be approved via Zoning Permit, and or Board of Zoning Appeals process relative to proposed site improvements. Applicant and property owners certify that all information contained herein is true and accurate and is submitted to induce the issuance of the requested Short Term Rental Permit. If any changes are made to this application or the information submitted has changed the zoning department must be notified and may result in reapplication. Applicant agrees to be bound by the provisions of the zoning resolution of Brown Township and understands that any deviation from such resolution will result in the maximum penalty allowable by law.

OWNER/APPLICANT ACKNOWLEDGEMENT

I hereby acknowledge that I am requesting a Short-Term Rental permit in accordance with the Brown Township Zoning Resolution; that I have provided all required submittal materials; that the information contained herein, as well as all supplemental materials being submitted is true and correct; I am responsible for supplying necessary information to support my request.

OWNER/APPLICANT SIGNATURE _____ DATE _____