

MUNICIPALITY OF BETHEL PARK

 $Municipal \ Building \bullet 5100 \ West \ Library \ Avenue \bullet Bethel \ Park, PA \ 15102 \bullet 412-831-6800 \bullet FAX \ 412-831-8675 \bullet www.bethelpark.net$

Application #:

Initial Permit (\$50)	Short-Term Rental (STR) Permit Application		
Name: Owner-Occupied Not Owner-Occupied Multi-Family Multi-Family	□ Initial Permit (\$50)	☐ Annual Renewal (\$25)	
Phone:	Applicant/Property Owner:	Type of STR:	
Email:	Name:	•	
Email: Mailing Address: Property Information: Address of STR: STR Parcel ID: Number of Bedrooms for Rent: Number of Parking Spaces: Maximum Number of Guests per Approved Certificate of Occupancy: Attachments: Legal Description Hoa, Property Owner, or Landlord approval (if applicable) House rules Copies of required Allegheny County hotel tax registration Other - Please describe: 24-Hour Contact Person and Information: Each owner of a Short-Term Rental shall provide the Planning Department with the name, address, and contact information, including 24-hour contact telephone number, for the property manager or property management company, this information shall be updated by the owner if the contact information changes. Name: Address: Address:	Phone:	*	
Property Information: Address of STR: STR Parcel ID: STR Zoning District: Number of Bedrooms for Rent: Number of Parking Spaces: Maximum Number of Guests per Approved Certificate of Occupancy: Attachments: Legal Description HOA, Property Owner, or Landlord approval (if applicable) House rules Copies of required Allegheny County hotel tax registration Other - Please describe: Cathematical Contact Person and Information: Each owner of a Short-Term Rental shall provide the Planning Department with the name, address, and contact information, including 24-hour contact telephone number, for the property manager or property management company, this information shall be updated by the owner if the contact information changes. Name: Address: Address:	Email:	— Main Faining	
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STR Parcel ID:STR Zoning District:Number of Bedrooms for Rent:Number of Parking Spaces:	Property Information:		
Number of Bedrooms for Rent:	Address of STR:		
Attachments: Legal Description	STR Parcel ID: STF	R Zoning District:	
Attachments: Legal Description List of third-party platforms Proof of Ownership HOA, Property Owner, or Landlord approval (if applicable) House rules Copies of required Allegheny County hotel tax registration Other - Please describe: 24-Hour Contact Person and Information: Each owner of a Short-Term Rental shall provide the Planning Department with the name, address, and contact information, including 24-hour contact telephone number, for the property manager or property management company, this information shall be updated by the owner if the contact information changes. Name:	Number of Bedrooms for Rent: Number of Parking Spaces:		
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Property Owner Authorizat	ion:	
If the applicant is not the prop	erty owner, does the project	et have the property owner's authorization to apply on their
behalf? If Yes, a separate app	roval letter is required fron	n the property owner.? \square Yes \square No
		it constitutes my verification that the statements contained herein 4904 relating to unsworn falsification to authorities.
Applicant Signature:		Date:
		ety Checklist
\Box The home address is visib	le from the street	
☐ Working smoke detectors/alarms are installed in each bedroom/sleeping area, common hallways, and on each floor		
☐ Carbon monoxide detectors are installed near all sleeping areas, all burning appliances, and inside attached garages		
☐ Portable fire extinguishers are provided on each floor of the short-term rental and in the kitchen		
☐ All emergency egress windows and doors are operable and unobstructed		
☐ All indoor and outdoor stairs are in good condition		
☐ All bathing and toilet facilities available to guests are fully functioning		
☐ The short-term rental is in	compliance with the Penn	sylvania Uniform Construction Code (UCC), as adopted and
amended		
Applicant Signature:		Date:
For Department Use Only:		
Application Complete:	□ Yes □ No	
	Reason:	Initials:
Site Eligible:	□ Yes □ No	
	Reason:	Initials:
Zoning Officer Signature: _		Date:
	☐ Permit Approved ☐ F	
Conditions:		