

Official Use Only	
Date Received:	<input type="text"/>
FEE: \$100	CHECK #: _____



Township of Little Egg Harbor
 665 Radio Road
 Little Egg Harbor, New Jersey 08087
 Phone: 609-294-9071 Fax: 609-294-9065

SHORT TERM RENTAL APPLICATION

Please type or print clearly

Applicants for a short-term rental permit shall, **on an annual basis**, complete & submit this application for a short-term rental permit to the Little Egg Harbor Township Zoning Department, the Zoning Official shall review and issue said permits with assistance of such other departments or individuals as s/he deems appropriate or necessary. The application shall be accompanied by the non-refundable fee as set forth below. **Such application shall include:**

INITIAL APPLICATION RENEWAL APPLICATION

Short-Term Rental Property Address: _____

Block _____, and Lot _____

- The below information for the owner(s) of record of the STRP ('Short-Term Rental Property') for which permit is sought. If such owner(s) is/are not a natural person(s), the application must include and identify the names of all members, shareholders, partners, officers and/or directors of any such entity, and the personal contact information, including street address, e-mail address, and telephone numbers for said persons (this section can be completed by attaching a separate sheet, as necessary. If applicable, please attach formation letter).

Owner's Name: _____

Owner's Mailing Address: _____

Owner's Phone Number: _____

Owner's E-mail: _____

1. A copy of the driver's license or state identification of Property Owner. **[PLEASE ATTACH]**
2. A certificate of insurance evidencing the minimum liability insurance requirement and/or declaration page. **[PLEASE ATTACH]**
3. Copies of two utility bills from the short term rental property that are less than thirty (30) days old. **[PLEASE ATTACH]**
4. The below contact information of the primary local contact person for the STRP, which contact information shall constitute the Registered Agent's 7-day-per-week, 24-hour-per-day contact information. The Registered Agent shall be accessible at all times during which the STRP is occupied. *NOTE that the Registered Agent **can** be the same person as the Property owner if **local**.

Registered Agent's Name: _____

Registered Agent's Address: _____

Registered Agent's Phone Number: _____

Registered Agent's E-mail Address: _____

2. The below, sworn acknowledgement of the Property Owner.

I, _____, have received a copy of Little Egg Harbor Township Ordinance 2023-05, have reviewed it, understand its requirements, and certify as to the accuracy of all information provided in this permit application.

X _____
Property Owner Signature

3. I, _____, acknowledge that any short-term renters shall be limited to one vehicle per two occupants in the STRP.

X _____
Property Owner Signature

4. The below sworn agreement of the Property Owner of the STRP.

I, _____, pledge to use my best efforts to ensure that the use of the above-mentioned Short-Term Rental Property will not disrupt the neighborhood and will not interfere with the rights of neighboring property owners to the quiet enjoyment of their properties. I understand the penalties to which I am subject for violations of Little Egg Harbor Township Ordinance 2023-05.

X

Property Owner Signature

5. Any other information requested of the STR Property Owner by Little Egg Harbor Township in connection with this application. The Zoning Official shall have the authority to obtain any additional information from the Property Owner that the Zoning Official deems necessary in order to effectuate the purpose of the Little Egg Harbor Township Ordinance 2023-05.

I _____, certify that the answers I have provided above are true. I am aware that if any of the foregoing answers are willingly false, I am subject to punishment.

X

Property Owner Signature

Dated

FEES:

\$100.00 – Initial (1st Time) Application (**check or money order**)

\$100.00 – Annual Renewal (*NOTE, Renewal is due annually on the Anniversary of Initial Approval) (**check or money order**)

***Payment to be made payable to Little Egg Harbor Township and must be submitted with this application.**

APPLICATION MUST BE FILLED OUT IN ITS ENTIRETY

*OFFICIAL USE ONLY

APPLICATION APPROVED



APPLICATION DENIED



STRP #:

