

Short Term Rental Permit Application

Official Use Only:
 Date Received by Township: _____
 Received by: _____

Owner Name:	Local Agent Name:
Address:	Address
City, St, Zip	City, St, Zip
Phone #	Phone #
Email	Email

Short Term Rental Address:	Parcel #
Square Footage	# Bedrooms/# Beds/Maximum # Occupancy

Description and sketch of property including # acres, property boundaries, and designated parking spaces. (use separate sheet if needed)

Initial

Renewal

check one

Short Term Rental Permit Application

Initial	Checklist of Additional Documentation Required
	<p>NEIGHBORING PROPERTY OWNERS: <u>Attach list of neighboring property owners</u> that Owner has notified, in writing, via first class mail, all property owners within 300 feet of the proposed Short-Term Rental unit property boundaries. This notice shall include:</p> <p>A. The address and parcel number of the proposed Short-Term Rental unit.</p> <p>B. The name and phone numbers of the Owner and the Local Agent who will be available for problems/emergencies that may arise and whom neighbors may contact in the event of complaints or problems associated with the proposed Short-Term Rental unit.</p> <p>C. Maximum number of Occupants for the proposed Short-Term Rental unit.</p> <p>D. The link to the Township website for additional information regarding the Short-Term Rental Unit.</p> <p>See STR Form #</p>
	<p>SEPTIC SYSTEM: For initial applications for properties with septic systems, <u>attach certification</u> by a licensed inspector of a septic inspection conducted within six (6) months prior to filing the application. This certification shall state the capacity of the septic system and certify the septic system meets all applicable safety standards. For renewal applications, a certification within the prior twelve (12) months is sufficient.</p>
	<p>WELL: For initial applications for properties with wells, <u>attach certification</u> by a licensed inspector of a well inspection within the six (6) months prior to filing the application finding the drinking water meets all applicable safety standards. For renewal applications, a certification within the prior twelve (12) months is sufficient.</p>
	<p>LIABILITY PROPERTY INSURANCE: <u>Attach proof of liability property insurance</u> (commercial if necessary) that covers Short-Term Rental activity.</p>
	<p>OTHER: <u>Attach proof of other information (if required)</u> that the Township deems reasonably necessary to administer the Short-Term Rental Ordinance.</p>
	<p>FEE: Application fee of \$ _____ is attached as established by resolution of the Watersmeet Township Board. There shall be no proration of fees. Fees are non-refundable.</p>

NOTICE:

USE TAXES: No later than sixty (60) days after receiving approval for the Short-Term Rental permit and prior to actually renting the Short-Term Rental unit, the Owner shall provide written proof of registering to pay Michigan Use Taxes. For each renewal application, the Owner shall provide written proof of the full payment of the prior year's Michigan Use Taxes as well as proper registration for the coming year's Michigan Use Tax. Failure to do so may be grounds for denial of the renewal permit.

LIVERY TAXES: If boats and/or motors are provided or rented with the Short-Term Rental unit, the Owner must show annual proof of payment of any applicable annual livery license and all safety inspections.

FOR MORE INFORMATION: See Watersmeet Township Zoning Ordinance # _____

I hereby verify all responses are true and accurate and agree to abide by all terms of the Short-Term Rental Ordinance, Watersmeet Township, County, State and Federal Laws.

Submitted By	Date	Received By	Date
Signature			
Printed Name			



APPLICATION FOR "USE BY SPECIAL APPROVAL"

(SECTION 7.09)

WATERSMEET TOWNSHIP, WATERSMEET MI 49969

*Property: Address/Location:

[Empty box for property address/location]

*Direction to Property: (From intersection of Highways U.S. 2 & U.S. 45)

[Empty box for direction to property]

*Applicant

Name: _____
Phone: _____ Fax: _____
Mailing Address: _____

*Owner (If different than Applicant)

Name: _____
Phone: _____ Fax: _____
Mailing Address: _____

*The following is to be supplied by Applicant if applicable:

- a. Legal description of property.
b. Description of proposed use, including parking facilities.
c. Sketch drawn to approximate scale - showing size of building or structure and location on property.
d. Sewage and waste disposal and water supply facilities, existing or proposed for installation.
e. Use of premises on all adjacent properties.
f. A statement by applicant appraising the effect of proposed use on adjacent properties and general development of the neighborhood.

(The owner is required to present their reason for this request at a Planning Commission meeting)

I/We, as the owner(s) of the subject property, hereby acknowledge that this request will be reviewed based on the information provided herein and hereby attest to the accuracy of said information. I/We also grant the Township permission to inspect the property and structures thereon for the purpose of determining impact of this request.

*Date: _____ Signature(s): _____

(*To be completed by Owner

Date of Hearing: _____ Application Approved: _____ Application Denied: _____
Comments/Conditions: _____

Planning Committee: _____ Date: _____

The completed form, along with the application fee (\$400.00), shall be provided to the Zoning Administrator at the Watersmeet Township Office, PO Box 306, Watersmeet, MI 49969 January, 2008