

DATE RECEIVED: _____

LICENSE NO. _____

EVELINE TOWNSHIP
SHORT-TERM RENTAL LICENSE APPLICATION
APPLICATION FEE OF \$375 IS NON-REFUNDABLE

Owner's Name: _____

Property Address: _____

Property Tax ID #: 15-006-_____ Trash Day & CO: _____

Phone: _____ E-mail: _____

Maximum Number of Occupants (2 people per bedroom, plus 2 minors): _____

Fire Extinguishers: _____ Carbon Monoxide Detector(s): _____ Smoke Detectors: _____

Provide septic capacity documentation from the Northwest Michigan Health Department For the number of bedrooms renting, or confirmation that your property is connected to a wastewater sewerage system.

Local Agent

Name _____

E-mail _____

Address _____

Phone _____ Cell Phone _____

Local Agent will be available 24 hours a day and be able to respond within 30 minutes of contact.

I authorize the Eveline Township Zoning Administrator to enter the subject property for purposes related to the Eveline Township Short-Term Rental Ordinance and purposes identified in this application.

Signature: _____ Date: _____



Office Use Only: SHORT-TERM RENTAL LICENSE

- Inspection Required Inspection Date: _____ Fee Received and no outstanding delinquent taxes
- Application meets all requirements and is approved Notification of Neighbors (300 ft radius)
- Requirements not met Reason: _____

Effective Date: _____	ZA: _____
Expiration Date: _____	ZA Signature / Date: _____
Please Note: The annual renewal time-frame for the STR License is September 1st through October 31st of the expiration year as listed above.	