

DOUGLASSTOWNSHIP
3521 W. McBrides Rd. Stanton, Michigan 48888
phone: 989-762-8014 email: douglasstwp@gmail.com

SHORT TERM RENTAL APPLICATION

Notice to applicants: Initial and renewal applications, along with 2 copies of required documents (listed below) must be completed in full, and submitted in person at the Township Hall, March 1-15 during scheduled clerk hours, or by appointment. Approved permits will be effective April 1 through March 31. Approval of this application is required before a permit can be issued. Operating a Short-Term Rental in the Township without a permit is a violation of the Zoning Ordinance.

1) Owner/ Applicant: _____
Name Street Address City/State/Zip Phone

2) If owner/applicant does not reside within 75 miles of dwelling, provide contact information of local agent/designee who is available within one hour:

Name Street Address City/State/Zip Phone

3) Single Family Dwelling to be used as Short Term Rental address:

Street address City/State/Zip

4) Tax parcel #: 59-007-____-____-____

5) Zoning District: _____

7) Deed Restrictions on Parcel: __ Yes __ No

8) Number of bedrooms to be used: _____

9) 2 copies of each of the following documents are provided:

- ☐ The rental agreement for the single family dwelling to be used as a short term rental.
- ☐ Proof of a comprehensive rental dwelling insurance policy of at least \$1,000,000.00.
- ☐ Proof of ownership of property, such as a warranty deed.
- ☐ Deed Restrictions: Attach copies of all deed restrictions applicable to subject property.

10) The single family dwelling to be used as a short term rental has, and will keep current:

- ☐ A list of "good neighbor" rules, including quiet hours, and water rules.
- ☐ Working smoke detectors, carbon monoxide detectors and fire extinguishers
- ☐ Adequate parking and trash (see Zoning book)

- ☐ **Contact information of (owner or agent within 75 miles of dwelling), on premises and at Township Hall, as well as emergency contact information of a designee who can be on premises within one hour.**

11) I (we) agree that I have read the short term rental ordinance in the Douglass Township Zoning Book, statements made above are true, and if found not to be true, any Short-Term Rental permit that may be issued may be void. I (we) agree to comply with the conditions and regulations provided with any permit that may be issued and that any permit that may be issued is with the understanding that all applicable provisions of the Douglass Township Zoning Ordinance will be followed. I (we) agree to notify the Douglass Township Clerk of any changes in contact information or sale of property. I (we) understand this is a short term rental permit APPLICATION and NOT A PERMIT.

Applicant(s) signature(s)_____Date_____

Applicant(s) signature(s)_____Date_____

Property Owner(s) signature(s)_____Date_____

(if different from Applicant)

Property Owner(s) signature(s)_____Date_____

(if different from Applicant)

Acknowledged before me in _____ County, Michigan, on _____, _____ (year)
by _____

(Stamp)

Notary Public Signature

Notary Name

County

Acting in the County of

My Commission expires

FOR TOWNSHIP USE ONLY

Application Number:	Tax Parcel Number:
Date received: <input type="checkbox"/> Initial Application Fee paid (\$500.00) Date _____ Receipt # _____ <input type="checkbox"/> Renewal Application (\$250.00) Date _____ Receipt # _____	Action taken: _approved _denied Clerk signature: _____ Date: _____

Notes: _____
