

DATE RECEIVED: _____

PERMIT NO. _____

**EVELINE TOWNSHIP
SHORT-TERM RENTAL LICENSE APPLICATION
APPLICATION FEE OF \$350 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 existing septic capacity documentation from the Northwest Michigan Health Department 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:

- Pre-application meeting
- Fee Received and no outstanding delinquent taxes
- Notification of Neighbors (300 ft radius)

<p>Application meets all requirements and is approved _____</p> <p>Application does not meet requirements and is not approved _____</p> <p>Date: _____ ZA Signature: _____</p>
