

CHARLEVOIX TOWNSHIP

12491 Waller Road
Charlevoix, MI 49620
(231) 547-4611

SHORT TERM RENTAL PROPERTY LICENSE APPLICATION

Owner : _____ Email : _____
City, State, Zip Code : _____ Phone: _____
Rental Property Address : _____
Rental Property Tax I.D # : _____

Owner's Representative / Contact Person

Name : _____ Email : _____
Address : _____
City, State, Zip Code : _____
Phone : _____ Mobile Phone : _____

**Owner's Representative / Contact person shall be available 24 hours a day,
and respond within 30 minutes of caller contact.**

**I authorize the Charlevoix Township Zoning Administrator, or designated representative,
to enter the subject property for purposes of making inspections related to the identified
property location and request listed in this application.**

Signature : _____ Date : _____

FOR OFFICE USE ONLY

Number of bedrooms : _____ x 2 = Maximum Number of Adult Occupants: _____

Dedicated off-street parking spaces : Number of bedrooms _____ + 1 = _____ spaces

Secure garbage receptacle No signage Co2 monitor Smoke detectors

Copy of Tenant Information placard received

Copy of letter to all property owners within 300 feet received

Copy of third party property inspection report received

Copy of current septic permit received

Pictures attached :

Front Rear Sides: Right Left Interior

Application Fee received : Number of bedrooms x \$250.00 = \$ _____

