



309 S Lincoln Ave
Lakeview MI 48850

APPLICATION DATE: _____

FEE: \$50.00

Short Term Rental Permit Application

I. Personal Information.

Applicant Information

Name: _____
First _____ Middle _____ Last _____

Address: _____

Phone: _____ **Email:** _____

Interest in Subject Property: _____

Owner Information (If different from applicant)

Name: _____
First _____ Middle _____ Last _____

Address: _____

Phone: _____ **Email:** _____

Interest in Subject Property: _____

Local Agent Information (If Owner does not reside within 45 miles of Property)

Name: _____
First _____ Middle _____ Last _____

Address: _____

Phone: _____ **Email:** _____

II. Property Information.

Property Information

Address of Property: _____

Parcel Number: _____

Legal Description of the Property: *(May be attached to application)*

Zoning Classification: _____

Present Use of Property: _____

Number of Bedrooms to be used as a Short-Term Rental: _____

III. Supplemental Requirements.

The Applicant shall provide the Township Zoning Administrator with the following items:

- Rental Agreement.** Copy of rental agreement for the Single-Family Dwelling to be used as a Short-Term Rental.
- Application Fee.** Application fee of **\$50** as determined by the Township Board to cover costs of process the application. Once an application is accepted as complete no part of any fee shall be refundable.
- Insurance.** Copy of Comprehensive rental dwelling insurance policy with coverage of at least \$1,000,000.00
- Additional Requirements.** Any additional supplemental information or documents required for specific special use requests as provided under the Township Zoning Ordinance.

IV. Signatures: I certify that all statements made above and in attached documents submitted to Cato Township related to this application are true and accurate to the best of my knowledge and that if found to be in error, any decision of the Township based upon the contents of this application may be void.

Applicant: _____

Name: _____

Date: _____

Owner: (If applicable) _____

Name: _____

Date: _____

FOR TOWNSHIP USES ONLY

File Number: _____

Special Notes:

Date Received: _____

Tax Parcel #: _____

Fee Received: _____

Receipt #: _____

Action Taken:

Approved

Denied

Zoning Administrator _____

Date _____