



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** \_\_\_\_\_