

Date	Permit No
Office use only	

## **SHORT TERM RENTAL APPLICATION**

Name of Owner:	
Mailing Address:	
City, State, Zip:	
Phone Number:	Email:
Type of STR request	ed (check one):
 Commercial STR:	Owner must reside at the property and must be present overnight during rentals. Owner must submit Proof, with this application, that the property is his/her primary legal residence.  Allowed in all zoning districts.  Owner does not necessarily reside at the property and need not be present overnight during rentals.  Owner must apply for a "Special Exception Use Permit" from the Township Planning Commission.  Not allowed in the following zoning districts: Residential Single Family, Suburban Residential, Residential Lake Front, Gun Lake Residential Lake Front.
STR Property Inform	ation:
Street Address:	
Property Tax ID #:	<u>O8-16-</u> Zoning District:
Maximum # of occup	pancy: Parking capacity: <u>3 vehicles maximum allowed by ordinance</u>
24-hour Contact Per	son: (Must be the owner if this is a "Traditional STR")
Name:	
City, State, Zip:	9
Phone Number:	Email:
Travel time to rental	property (maximum of 45 minutes):
The full STR ordinance ca	an be viewed under the "public documents" tab of the Township website at yankeespringstwp.org
By signing above the app	Date: Dicant/owner consents to inspections of the property by Township officials.  On on this application shall result in revocation of the permit and a municipal civil infraction.

Mail this application and the \$500.00 permit fee to: Yankee Springs Township 284 N Briggs Road Middleville, MI 49333 Please make checks payable to Yankee Springs Township