

Milton Township - 7023 Cherry Ave., P.O. Box 309, Kewadin, MI 49676

Permit Number \_\_\_\_\_

Approved by/Date: \_\_\_\_\_

## VACATION HOME RENTAL PERMIT APPLICATION

Instructions to the Applicant: The following application is provided who propose to submit for a **Vacation Home Rental Permit** with Milton Township pursuant to Part 113.000 - Milton Township Vacation Rental Ordinance. As an applicant, you must complete this form and provide all the requested information and documentation. If you have any questions regarding the completion of this application, please contact the Zoning Administrator (231-264-6697).

### 1. Vacation Home Rental Location:

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone/Fax: \_\_\_\_\_

Antrim Co. parcel #: \_\_\_\_\_

### 2. Owner of Record:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**3. Property Manager/Management Contact (if different than owner):**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**4. Emergency Contact (Available 24 hours a day, 7 days a week when property is rented)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Items that must be included with this application:**

1. Rental Rules, Vacation rules, if any, in addition to those required by this ordinance.
2. Floor plan of the rental unit including use description of each room.
3. Maximum number of occupants to be accommodated while in use as a vacation rental.
4. Written certification from the Northwest Michigan Health Department that the septic provided to the unit is acceptable for the maximum number of occupants to be accommodated.

5. A copy of any deed restrictions on the property.

\_\_\_\_\_ is/are the applicant(s) ("applicant") for a vacation home rental permit. By signing this application form, the applicant is confirming the following:

1. Applicant is the legal owner of the property being considered under this application.
2. All of the information submitted in support of this application is true and correct.
3. Before signing this application, the applicant reviewed the Milton Township Vacation Rental Ordinance and by signing this application form, the applicant agrees to comply with the terms of the ordinance.

Owners of Record: (include additional sheets if necessary)

\_\_\_\_\_  
Signature/Date Printed Name

\_\_\_\_\_  
Signature/Date Printed Name