

MILTON TOWNSHIP

P.O. BOX 309

7023 CHERRY AVE.

KEWADIN, MI 49648

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VACATION HOME RENTAL PERMIT APPLICATION

Applications must have the following documents attached to be considered complete:

- _____ Application Form Completed
- _____ Local Caretaker info provided (contact within 45 minutes of property) Name, Phone and email provided
- _____ Check for \$200 – effective date of rental permit begins AFTER PERMIT is granted and ends October 31 of the same year – Permits must be renewed EVERY year. No short term rentals are allowed after 10.31.22
- _____(date) Septic Inspection (required update is every 5 years) in all areas without a public septic system.
- _____ Log of renters going back 3 years (if requested by Zoning)
- _____ List of house rules for renters
- _____ Floor Plan
- _____ Deed Restrictions if requested by Zoning
- _____ Maximum Number of occupants to be accommodated while in use as a rental. (No more than 14 are permitted.)

Date: _____

- (Applicant / Homeowner signature) This MUST be the owner's signature – (not a property manager, listing agent etc... - Owners only, NO EXCEPTIONS.)

By signing this application, the applicant is confirming the following:

1. Applicant is the legal owner of the property being considered
2. All of the information submitted in this application is true and correct.
3. Applicant has read, understands and is aware of ALL rules and regulations and ordinances governing short term rentals in Milton Township, past and new – and is aware of the most recent rental ordinance revision (effective date 12.4.22). By signing, the applicant is also demonstrating awareness that two or more violations of the ordinance may result in revocation of the permit for the remainder of the current rental season, **as well as** possible revocation for future years and possible fines, court costs etc.

Vacation Home Rental Location:

Address: _____

Parcel Number: _____

Owner of Record Name: _____

Owner Mailing Address: _____

Owner Phone: _____

Owner email: _____

Property Management / Contact: (caretaker within 45 minutes of property, available 24 hours/ every day while rented):

Caretaker Name: _____

Caretaker Phone: _____

Caretaker Address: _____

Caretaker Email: _____

Please see front page for signature and additional requirements

Items required with application:

1. Rental rules for renters (copy)
2. Floor plan of rental, including use description of each room
3. Maximum number of occupants
4. Written certification from the Northwest Michigan Health Department verifying the septic provided to the rental is acceptable for the maximum number of occupants to be accommodated
5. A copy of the deed restrictions and or HOA Covenants when requested.