



A friendly, progressive open space community

Planning & Zoning Department
319 N. Lake Street
Boyer City, MI 49712
(231) 582-0037

STR Lic. #: _____
Rental Year: _____
Permit#: _____

SHORT-TERM RENTAL LICENSE APPLICATION

Request is for: (Select only one) [] New Rental License Registration [] Renewal of Existing License

Type of STR Unit for this property: (Select only one)

[] Single-family Dwelling [] Accessory Dwelling Unit [] Travel Trailer/Motor Coach

Property Information:

Parcel Address: _____

Parcel Number: #015-005-_____ - _____ - _____ ZONING DISTRICT: _____

Waterfront Lot? [] YES [] NO | if YES, feet of waterfrontage: _____ | if NO, is parcel > 20 acres? [] YES [] NO

Located in a Steep Slopes Area? [] YES [] NO | On Private Road? [] YES [] NO | Area of parcel: _____ Sq. Ft.

Property Owner Information: (owner name as listed in County property records and on title or deed)

Name: _____

Mailing Address: _____

City: _____ State: _____ ZIP _____

Phone Numbers: Home: _____ Alt: _____ Mobile: _____

Email Address: _____

Registrant/Agent Information: (License holder/i.e. property manager acting as agent for owner)

Name: _____

Mailing Address: _____

City: _____ State: _____ ZIP _____

Phone Numbers: Home: _____ Alt: _____ Mobile: _____

Email Address: _____

Emergency Contact Information: (Local Agent: 24/7 availability to access physical property within 30 minutes is required)

Name: _____

Mailing Address: _____

City: _____ State: _____ ZIP _____

Phone Numbers: Home: _____ Alt: _____ Mobile: _____

Email Address: _____

Local Agent is required to be available 24/7 during unit rental dates and will be listed on the License Certificate as the Emergency Contact.

Rental Unit Information:

Number of bedrooms: _____ Number of off-street parking spots: _____ Maximum Occupancy: (as advertised) _____

Is there an outside firepit on property? [] YES [] NO | if YES, what is the fuel source? [] Wood, [] Natural Gas [] LP Gas

Please Note: The issuance of a Short-term Rental License does not eliminate the need of the property owner or their agent(s) to obtain all applicable State and/or Local permits before commencing rental activities, nor does it alleviate the need for the rental unit to meet all applicable residential building, health department, and safety codes.

For New Registrations: Provide Proof of Ownership, showing legal description of parcel: *Please attach one of the following to this application:* Copy of Deed, Current year tax bill, Abstract of Title, or Land Contract Deed.

CERTIFICATIONS & ACKNOWLEDGEMENTS

CERTIFICATION:

I certify that I am the owner of record, or have been authorized by the owner of record to make this application as his/her agent, and the information provided herein is accurate to the best of my knowledge; and that the property and all rental activities will conform with the Evangeline Township Short-term Rental Licensing Ordinance and all other applicable laws and zoning requirements. Furthermore, I hereby certify that all property taxes on the subject parcel of this application are paid up-to-date. I grant authorization to the Zoning Administrator and other Township Officials to access/enter onto the parcel referenced in this application to make such investigations and tests as they deem necessary for the processing of, and to ensure continued compliance with the terms and conditions of any license issued in conjunction with, this application.

Signature: _____

Parcel Owner, or Authorized Agent for Parcel Owner Date: _____

ACKNOWLEDGEMENT: *I acknowledge and affirm all of the following:*

The use of the aforementioned subject parcel as a Short-term Rental Unit is a regulated land use with special conditions and restrictions that may not generally apply to other owner-occupied dwelling units not used as Short-term Rental Units.

That any Short-term Rental License issued pursuant to this application may be revoked or suspended for incorrect, misleading or false information provided in the application materials or for failure or neglect to comply with the Evangeline Township Short-term Rental Licensing Ordinance or any other terms and conditions of the License.

All occupants of the STR Unit shall be provided a copy of all of the following and the same shall be posted in a conspicuous place within the unit:

- The name & contact info of the Emergency Contact – Local Agent.
- Notification of the maximum overnight occupants permitted for the unit.
- A copy of both the Evangeline Township Fireworks Ordinance and the Short-term Rental Licensing Ordinance.
- Notification that any occupant or any guest of an occupant may be cited for a violation of the aforementioned ordinances, State Fireworks laws, other local laws of Evangeline Township, or other state ordinances, in addition to any other remedies available to the Township.
- A map of property boundaries.

Signature: _____

Parcel Owner, or Authorized Agent for Parcel Owner Date: _____

For TWP Use Only:

Application Fee Amount: _____ Received Date: _____ Receipt Number: _____

Application is: APPROVED, or DENIED: Incomplete application, Max # Licenses issued, Noncompliance

Added to WAITING LIST for next available rental season: YES NO, or NA | App Rcvd order # on list: _____

Date Notice Letter & License Mailed: _____ Rental Season Year: _____ (valid Jan 1st to Dec 31st)

APPROVED LICENSE #: _____ Issue Date: _____ Expiration Date: _____

300ft Notices Mailed Date: _____ Added to Spreadsheet: _____ Email Sent: _____

Approved By: _____ (Zoning Administrator)