

Effective date: November 30, 2023

Last revision: 12/08/2023

For Township Use Only:

- Date of Application: _____
- STR Permit Fee \$500.00: _____
- Received by: _____

Lake Township Short-Term Rental (STR) Application, 2023

Property Address of STR: _____

Owner Name of STR: _____

Owner Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Alternate Phone: _____

Email: _____

Local Contact Person: *this is a local owner, agent, or operator who is:*

- *available on-site, or available to respond within one hour to tenant and neighborhood questions or concerns.*
- *authorized by the Owner to take remedial action and respond to any violation of this ordinance.*
- *available by telephone 24 hours a day while the STR is being rented.*

Name: _____

Address: _____

Phone: _____ Alternate Phone: _____

Email: _____

Any application for an STR must include the following:

1. A sketch or site plan showing the layout of the STR premises
2. The number of bedrooms
3. The number of bathrooms
4. Maximum occupancy.
(Notice: The maximum occupancy is 12 persons regardless of bedrooms.)
5. Tax Parcel ID number
6. Any real estate agents listing the unit and online sites advertising the unit for rental
7. This STR is insured. (Please provide proof of general liability insurance coverage issued by an insurance company licensed to do business in Michigan covering the premises.)

Requirements for Inspection:

A duly designated representative from Lake Township (or his/her designee) is empowered to inspect any short-term rental unit prior to the granting of a Short-Term Rental License. The applicant must comply with all State of Michigan and Benzie County life safety standards indicated below. All STR applicants are directed to Section 4 E Safety found in the Lake Township Short-Term Rental Ordinance Adopted September 7, 2023 and Effective November 30, 2023.

Each short-term rental applicant must make contact with Lake Township Office for instructions relating to the inspection process. A copy of the inspection report must be submitted with this registration form.

- This STR has working (and not expired) “Class ABC” fire extinguishers on each floor.
- This STR has functioning smoke detectors on each floor and outside each bedroom.
- This STR has functioning carbon monoxide detectors on each floor.
- This STR has egress from each bedroom to the exterior of the dwelling unit.
- This STR is not registered with a vacation rental company.

If yes, please state the company name and/or Web site address: _____

Certification:

The Applicant hereby certifies and affirms that all statements made below are true and accurate, and understands that if found not to be true, any STR permit may be revoked.

1. That all information in the application is true, and if the applicant is not the Owner, a certification that the applicant is authorized by the Owner to submit the application and operate the STR if the license is granted.
2. That the Owner of the premises does not have an ownership or financial interest in more than one other premise for which a short-term rental license has been issued or is being sought in Lake Township. In the event the Owner owned or had an ownership or financial interest in more than two short-term rentals in the Township prior to January 1, 2024, the application must include documentation of said ownership.
3. The applicant has never been cited for a violation of this Ordinance or had a short-term rental license revoked.

NOTE: The Applicant may be required to provide other information requested by Lake Township.

The Applicant further agrees any permit that may be issued is done so with the Applicant’s full understanding and compliance with the Lake Township Short-Term Rental Ordinance.

The Applicant shall indemnify the Township, its agents, officers, and employees and the board against any and all loss, injury, or damage whatever arising out of or in any way connected with this application and the activities associated with a license approved pursuant to this application.

Signatures:

Property Owner: _____ **Date:** _____

Local Contact Person: _____ **Date:** _____