

HAYES TOWNSHIP
09195 Old US 31 N
Charlevoix, MI 49720
SHORT TERM RENTAL LICENCE APPLICATION

Owner's name _____

Property Address: _____

City, Zip code: _____

Property Tax #: 007- _____

Official Contact Person

Name _____ email _____

Address _____

City, Zip Code _____

Phone _____ Cell Phone _____

Contact person will be available 24 hours a day and be able to respond within 60 minutes of contact

I authorize the Hayes Township Zoning Administrator to enter the subject property for purposes of making site inspections related to the project and request identified in this application.

Signature: _____ Date: _____

FOR OFFICE USE ONLY

Number of bedrooms: _____ x 2 = Maximum Number of Adults Occupants: _____

Number of Off Street Parking Spaces _____

Secure garbage can: No signage: Co2 monitor Smoke Detectors

Copy of Tenant information received:

Letter to all Property Owners within 300 feet received:

Visually pass general health and safety concerns:

Copy of current septic permit

Pictures attached:

Front: Rear Sides: Right: Left: Interior

\$200.00 fee paid