

Property Parcel #ID -----	Montcalm Township Short Term Rental Application	Property Street Address: _____ _____
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OWNER: Name: _____ Mailing Address: _____ _____	CONTACT: Phone: _____ Email: _____
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OPERATOR: If Applicable Name: _____ Mailing Address: _____ _____	CONTACT: Phone: _____ Email: _____
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As the operator please provide proof of ownership of, or authority to represent owner.

24 HOUR CONTACT:

Name: _____

Phone: _____ Email: _____

Owner or his/her representative or rental agency must be available twenty-four hours a day during any rental period.

Occupancy:

	Floor Level	Size Square Foot
Bed Room #1		
Bed Room #2		
Bed Room #3		
Bed Room #4		
Bed Room #5		

Occupancy based on location, number and size of bedrooms

1. Minimum bedroom size - one person - 70 sf.
2. Minimum bedroom size - two person - 100 sf.
3. Maximum allowable per bedroom is two.
4. Maximum occupancy per property is ten.
5. Maximum occupancy does not include pre-school aged children.
6. Every bedroom shall have access to a bathroom without entering another bedroom.

PARKING PROVIDED: A minimum of two on site parking spaces are required, (sketch location) Number _____
Provided

FLOOR PLAN SKETCH: A floor plan sketch showing size and sq. ft. of all habitable spaces must be provided.

PROCESS:

1. Permit will expire December 31st of a three year cycle. Please submit renewal application 30 days prior to expiration.
2. Permit fee - \$200 Inspection Fee \$150
3. Complete and return "proof of notice" of properties within 200 feet of rental property.
4. The application will not be processed until the fee is paid, application is completed and Proof of Notice has been submitted.

SUBMIT TO: Montcalm Township, 1880 S. Greenville Rd. Greenville MI 48838
(616-754-5133)

I declare that this application has been examined by me and that its content are true to the best of my information, knowledge and belief.

Name: _____
Please Print

Signature: _____ Date: _____
Owner or Authorized Agent

Short Term Rental Application
Floor plan layout sketch
Site sketch

Please provide a sketch of each floor showing bedroom and bathroom locations. Also provide a sketch of the site showing where parking spaces are provided.

Sheet Instructions: Please complete the below form and mail or deliver to all properties within 200 feet of the Short Term Rental.

NOTIFICATION TO ESTABLISH

Short Term Rental
In
Montcalm Township

DATE:

The Short Term Rental operator will provide notification to establish a Short Term Rental and 24 hour contact information to all properties within two hundred feet (200') of the Short Term Rental.

Rental Property Address:

Operator 24 Hour Contact Information:

Name of Operator :

24 Hour Phone Number(s) Operator:

E-mail Address(es):

PROOF OF NOTICE

Parcel #ID

NOTICE TO ESTABLISH
Short Term Rental

____-____-____-____-____

Sheet Instructions: The ordinance requires the owner/operator provide "Notice to Establish" Short Term Rental (STR) and contact information of the owner/operator to all properties within two hundred feet (200') of the boundaries of the licensed STR.

This Proof of Notice is used to provide evidence that properties within 200' of the STR have been provided "Notice to Establish" a short term rental.

After all properties within 200' have been noticed, please complete this form and return to the Township with your application. The list of properties provided by Township Administration can be attached.

Operator 24 Hour Contact Information:

Rental Property Address: _____

Name of Operator: _____

24 Hour Phone #: _____ E-mail Address(es): _____

1. Form to be delivered or mailed: NOTIFICATION TO ESTABLISH – Short Term Rental
2. According to Short Term Rental Ordinance, I served by first class mail or personal delivery the below properties.

(Assistance identifying properties within 200' can be obtained from Village Administration)

Indicate Mail or Personal Delivery	Name	Address of Service	Date

I declare that this Proof of Notice has been examined by me and that its contents are true to the best of my information, knowledge and belief.

Date: _____

Signature: _____

Name: (Type or Print) _____