APPLICATION FOR SHORT-TERM RENTAL

Administrative Review or Site Plan Review

ALMIRA TOWNSHIP
EST • 1855

Property Parcel # 10-01-_____

Property Address: _____

Property Zoning: _____ Property Size/Acreage: _____

Office Use Only:

Application #: _____ *ZA Signature:* _____

Payment: _____ *Date:* _____

Permit Status: ☐ *Administrative Approval* *PC Signature:* _____
☐ *Site Plan Approval*
☐ *Site Plan Approval w/ Conditions* *Date:* _____
☐ *Site Plan Denial*

Conditions: _____

_____

Property Owner (Mailing Address)

Name: _____
Address: _____
City: _____
State & Zip: _____
Phone: _____
Email: _____

Agent/Manager (Mailing Address)

Name: _____
Address: _____
City: _____
State & Zip: _____
Phone: _____
Email: _____

SECTION A – SCOPE, LOCATION & DWELLING DETAILS:

1. Is the proposed Short-Term Rental on an owner-occupied parcel?

   ☐ Yes ☐ No

   Note: Short-Term Rentals are permitted regardless of owner-occupancy, but remain limited to one STR operation per parcel.

2. Which dwelling on the parcel contains the proposed Short-Term Rental?

   ☐ Principal Dwelling Unit ☐ Accessory Dwelling Unit (ADU)

   Note: Rental of an ADU must satisfy all requirements of Section 4.28.

3. What portion of the dwelling unit will be rented to transient guests?

   ☐ Entire Dwelling Unit ☐ Portion of Dwelling Unit

   If a portion, explain: _____

SECTION B – INFRASTRUCTURE CAPACITY DETAILS:

1. Indicate the number of bedrooms requested for Short-Term Rental use:

   Total number of bedrooms to be rented: _____

   Note: 4 or fewer bedrooms qualifies for Administrative Review.

2. Indicate the number of bedrooms approved on septic and well permits:

   Total number of bedrooms on septic permit: _____

   Total number of bedrooms on well permit: _____

   Attach Benzie-Leelanau District Health Department permits:

   ☐ Septic system permit ☐ Water well permit

3. Was the septic system installed more than 3 years ago?

   ☐ Yes ☐ No

   If Yes, attach a septic pumping record or inspection dated within the last 3 years:

   ☐ Septic evaluation ☐ Not applicable

4. Was the water well installed more than 3 years ago?

   ☐ Yes ☐ No

   If Yes, attach a water well test result or inspection dated within the last 3 years:

   ☐ Well evaluation ☐ Not applicable

SECTION C – ADDITIONAL CAPACITY DETAILS:

1. Indicate the maximum number of concurrent guest capacity, regardless of age, for the Short-Term Rental:

   Maximum number of current guests: _____

   Is your maximum number of concurrent guests more than two (2) guests per bedroom plus an additional two (2) guests on a sofa bed or other temporary accommodation?

   ☐ Yes ☐ No

   If yes, explain: _____

   Note: Answering No qualifies for Administrative Review.

2. Indicate the maximum number of guest vehicles that can be accommodated off-street:

   Maximum number of guest vehicles: _____

   I attest that all guest vehicles will park strictly off-street on hardened surfaces (e.g. driveway, garage, or gravel). I understand that on-street and lawn parking are prohibited.

   Applicant initials: _____

SECTION D – OPERATIONAL & COMPLIANCE DETAILS:

1. Indicate where waste containers will be stored:

   ☐ Stored inside garage/structure (i.e. no outdoor containers)
   ☐ Stored outdoors in a designated, fully screened area outside of required setbacks

2. Provide one of the following:

   ☐ Proof of a recurring waste collection (e.g. service contract or monthly bill)
   ☐ Written explanation of a reliable alternative removal plan (indicated on site plan)

3. Do private regulations, bylaws, or deed restrictions govern or restrict Short-Term Rentals on this parcel?

   ☐ Yes (attached) ☐ No

   I attest that the operation of this Short-Term Rental complies with all applicable private regulations, bylaws, or deed restrictions governing the parcel.

   Applicant initials: _____

4. Will food service be provided to Short-Term Rental guests (as is common with Bed & Breakfast or Boarding House operations)?

   ☐ Yes ☐ No

   Note: Answering No qualifies for Administrative Review.

   If Yes, indicate where the food preparation will take place:

   ☐ Within a kitchen designated and used for normal residential living
   ☐ Within a non-dwelling accessory building or a dedicated, on-site, non-residential kitchen (requires Cottage Industry approval per Section 4.11.C)

SECTION E – SITE PLAN REQUIREMENTS:

1. Attach proof of property ownership and/or legal authority:

   ☐ Property Deed, Land Contract, or Recent Property Tax Statement
   ☐ Written Authorization from Parcel Owner (if applicant is an agent/manager)

2. Provide a scaled site plan drawing illustrating all of the following elements:

   ☐ Existing buildings/structures ☐ Property line setbacks
   ☐ Driveway location(s) ☐ Available off-street parking
   ☐ Refuse container(s) location ☐ Zoning district(s) of adjoining parcels
   ☐ Location of and screening for outdoor waste containers

3. Identify the primary party responsible for responding to operational inquiries or emergency notifications regarding the Short-Term Rental:

   ☐ Property Owner ☐ Agent/Manager

   I authorize Almira Township to share the emergency contact information provided above with local public safety and emergency service agencies for emergency response, administrative notification, and official public safety inquiries regarding this property.

   Applicant initials: _____

SECTION F – ACKNOWLEDGEMENTS:

1. I acknowledge that this application, and any resulting approval, is strictly limited to the specific scope, capacity, and operational details set forth herein. Any modification or operational change beyond the approved specifications of this application constitutes a violation per Section 10.03. I further understand that any proposed change to the approved operation requires prior review and approval per Section 4.33.

   Applicant initials: _____

2. I understand that if this application requires Planning Commission Site Plan Review, the Planning Commission may attach reasonable conditions with its approval, per Section 7.05.C. Such conditions may include, but are not limited to:

   - Restrictions on bedrooms occupancy or concurrent guest capacity
   - Additional screening or buffering to mitigate impacts on adjacent properties
   - Specific operational limitations, such as limits on exterior lighting or parking

   Applicant initials: _____

3. I hereby depose and say, under the penalties of perjury, that all of the statements and/or information contained herein or submitted with this application are true. If any statements and/or information are found at a later date to be false, this permit shall become null and void. I understand that I must meet all applicable Federal and State code requirements including Almira Township Ordinances.

   Applicant initials: _____

4. Indicate preferred payment type:

   ☐ Cash

   ☐ Check (to “Almira Township”)

   ☐ Credit/Debit (2.75% transaction fee)

Applicant Signature: _____ Date: _____