## MICHIGAMME TOWNSHIP PO BOX 220

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## **SHORT-TERM RENTAL PERMIT APPLICATION**

(File one for each property)

Owner Information:		
Name	me:	
Addre	dress:	
Phon	one:	
	nail:	
	ntal Designation (see ordinance definition section):  Tourist home (owner in residence)	, , , , , , , , , , , , , , , , , , ,
Auui	Idress of Rental:	
Parce	rcel #	
Num	ımber of Bedrooms: Ma	ximum Number of Guests:
Desig	esignated Local Agent:	
	Name:	
	Address:	
	Phone:	
	Email:	
	Sketch of designated parking spaces. (Please in	clude with application.)
	Affidavit signed by owner acknowledging the prlaws. Initial:	ovisions of this ordinance and all applicable local and state  Date:
	Submitted copy of owner's booklet to renters explaining compliance of renters with short term rental ordinance including:  1. Contact information for designated local agent 2. Copy of noise ordinance 3. Copy of refuse collection guidelines and policy 4. Parking diagram 5. Compliance with guest numbers	
	Affidavit acknowledging owner's receipt of good Administrator. Initial: Date:_	d visitors' guidelines as prepared by the Zoning

Michigamme Township is an Equal Opportunity Provider and Employer

