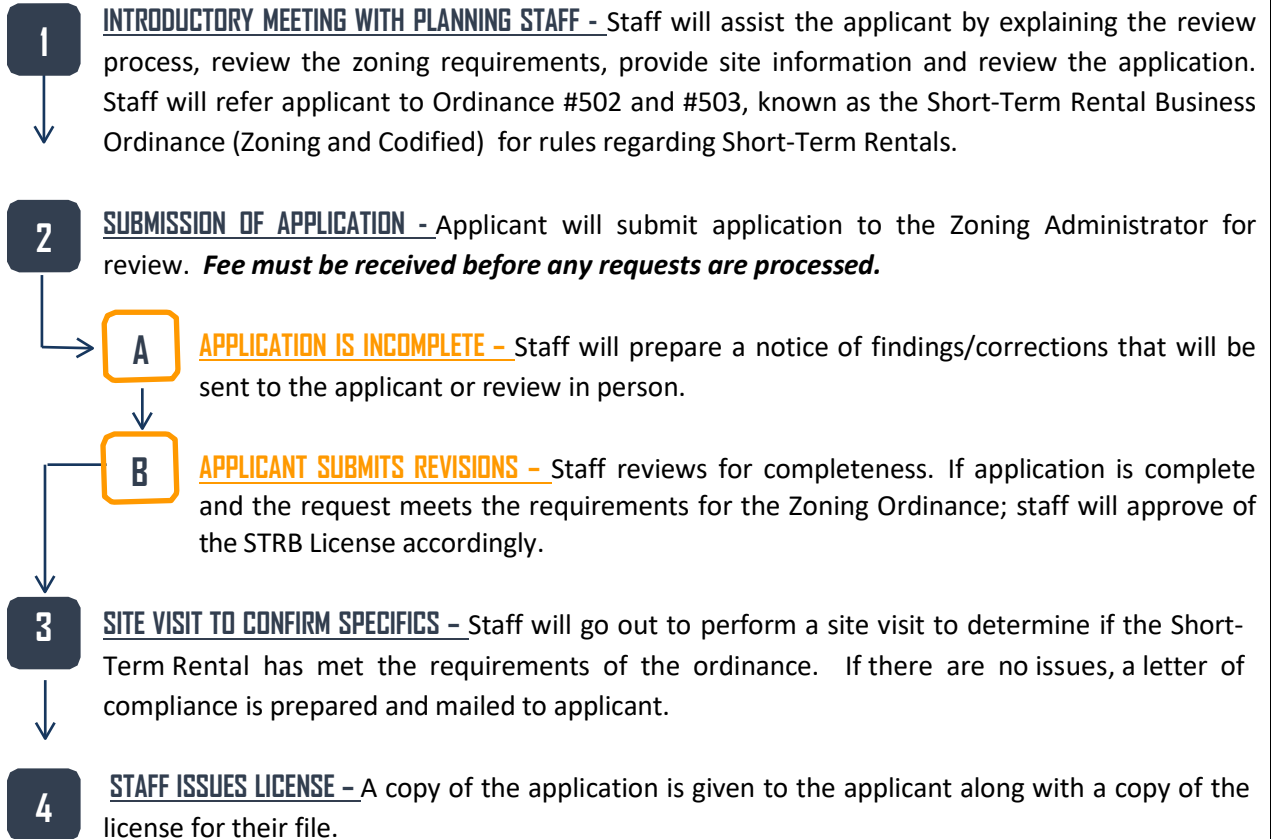


# Short-Term Rental Business Requests Planning and Zoning Department A Step-By-Step Guide



*If there are issues, staff will work with the applicant to see corrections are made and the requirements of the ordinance are met.*

**\*\*\* NOTE – If the number of capped units within the Village has been met; an applicant who meets all requirements will be placed on a waiting list, as necessary. \*\*\***

**\*\*\* NOTE – A one-time registration fee is required. Annual License renewal and subsequent fees required.\*\*\***

**Planning and Zoning Administrator – 231-264-9274**



# Annual Short-Term Rental Business Application

Planning & Zoning  
315 Bridge Street  
Elk Rapids, MI 49629  
231.264.9274

<b>Property Information</b>		<input type="checkbox"/> Personal Unit	<input type="checkbox"/> Business Unit
Address:		Parcel #	
<b>Applicant Information</b>		Applicant is: <input type="checkbox"/> Owner <input type="checkbox"/> Authorized Agent	
Name of Applicant:			
Name of Trust/LLC (if applicable):			
Permanent Address:			
Phone #:		e-mail:	
Name of Short-Term Rental Business Representative:			
Address:			
Phone #:		e-mail:	
<b>Dwelling Information</b>			
<u># of Bedrooms   # of Occupants:</u>		<u>Number of days available per year:</u>	<u>Number of Parking Spaces:</u>
<b>Advertisement – Please list all websites and other media where unit is advertised.</b>			
<b>Certification – Please check boxes certifying the following statements are adhered to.</b>			
<input type="checkbox"/> Each bedroom has a working smoke alarm; each floor has a working carbon monoxide detector and local agent will check those devices no less than every 6 months.			
<input type="checkbox"/> The property owner or a local agent will provide at least one copy of the required information provided in the Village’s Good Visitor Guide material to renters each time dwelling unit is rented.			
<input type="checkbox"/> If dwelling unit was used as short-term rental in past, how many days was it rented in previous calendar year? _____. <b>Please provide documented proof of STR operation as defined in ordinance.</b>			
<input type="checkbox"/> Proof of necessary insurance documents for the Rental Unit.			
<b>Authorization</b>			
<i>I hereby declare that the statements herein are true and complete, to the best of my knowledge and properly represent the purpose and intent of the declared use. I also declare that by making this application, the undersigned grants all officials, staff, and consultants of the Village of Elk Rapids access to the subject property as required and appropriate to assess site condition of a determination as to zoning &amp; code compliance.</i>			
<b>Applicant Signature:</b> _____		<b>Date:</b> _____	
By signing the application, the applicant, representative and owner agree to comply with the requirements of the Village of Elk Rapids Short Term Rental Business Zoning and Code of Ordinances.			

**Office Use Only**

**Required Information and Accompanying Documents**

<input type="checkbox"/> Completed/Signed STRB License Application <input type="checkbox"/> License Fee <input type="checkbox"/> Registration Fee	
<input type="checkbox"/> Completed floor plan	<input type="checkbox"/> Completed parking plan
Fee: <input type="checkbox"/> \$225 <input type="checkbox"/> Cash <input type="checkbox"/> Check No.	<input type="checkbox"/> Approved <input type="checkbox"/> Denied   Receipt #
Application Number:	Date Received:
Signature: _____ Date: _____	

For simple parking/home layout plans this sheet is provided for convenience.  
Other site plans containing all required information may be submitted.  
Please reach out to Zoning Administrator if assistance needed.

<b>SITE PLAN SCALE: ¼ inch (one square) equals 5 feet</b>																													
<b>DRAW ARROW THAT INDICATES DIRECTION OF NORTH</b>																													
<b>Address:</b>																													
<b>Type of STR:</b>																													
<b>Name of Preparer:</b>																													