



Big Prairie Township

Zoning Department

2815 S. Elm Ave., White Cloud, MI 49349

(231) 689-1385 bigprairietownshipzoning@gmail.com

Application for License

Short-Term Rentals

(\$25.00 application fee)

Name of all Property Owner(s):

Home Address:

Address of Short-Term Rental (STR):

Name (if any) of STR:

All Owner(s) emails:

Best telephone number for all Owners:

- A. When was the property first rented as an STR (exact date)? _____
- B. During which specific years has the property been rented out as an STR? _____

- C. Attach to this application/registration copies of written proof (for example, dated advertisements, signed rental agreements, etc.) proving that the property was used as an STR during each of the years claimed above.
- D. Attach to this application copies of any and all Big Prairie Township zoning permits and any other Big Prairie Township approvals for this property as an STR.
- E. Has the STR property ever been rented or leased for anything other than use by one single family at a time? If so, explain what other types of rentals occurred (i.e. multiple family rentals, wedding event, reunion, etc.) and indicate during which years each of those events occurred. Attach the response to this application/registration.

* * *

I hereby certify, swear and affirm the above is true to the best of my/our knowledge
 Recollection, information and belief.

Dated: _____, 202__ Signed: _____

Printed: _____

Dated: _____, 2020__ Signed: _____

Printed: _____



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Short Term Rental Self Certification Form

Applicant Name: _____ Phone Number: _____

Applicant Address: _____

Address of Short Term Rental: _____

| ITEM | COMPLIANCE | | COMMENTS |
|----------------------------|------------|----|----------|
| Smoke Detectors | | | |
| Each Sleeping Room | Yes | No | _____ |
| Outside Each Sleeping Area | Yes | No | _____ |
| Each Additional Story | Yes | No | _____ |
| Carbon Monoxide Detector | Yes | No | _____ |
| Fire Extinguisher | | | |
| Kitchen | Yes | No | _____ |
| Outdoor Cooking Area | Yes | No | _____ |
| GFCI Outlets | | | |
| Kitchen | Yes | No | _____ |
| Bathrooms | Yes | No | _____ |
| Exterior | Yes | No | _____ |

| | | | |
|-----------------------------|-----|----|-------|
| Lights in Working Order | Yes | No | _____ |
| Stairways in Safe Condition | Yes | No | _____ |
| Egress Doors Working & Safe | Yes | No | _____ |
| Railings in Safe Condition | Yes | No | _____ |
| Water tested for Bacteria | Yes | No | _____ |

I hereby certify the following:

Each bedroom has a working smoke alarm; there is a working carbon monoxide detector on each floor; and that the owner/agent will check these devices at least every 90 days.

- Each kitchen has a working fire extinguisher and that a working fire extinguisher is located near each outdoor cooking device.
- The kitchen, bathrooms and exterior outlets are GFCI protected as specified in the local building code.
- I will include in my lease agreements the maximum occupancy load as determined by Big Prairie Township, off-street parking requirements, emergency contact numbers, noise regulations, and other ordinance requirements. A copy of the lease agreement is attached hereto.
- I will maintain with Big Prairie Township, contact information for a property manager that is able to respond within 30 minutes to the licensed property.
- I consent to inspections by Big Prairie Township and will make the dwelling unit available for inspections upon request.
- I will notify Big Prairie Township within 30 days of any change in the information provided above.
- I will notify Big Prairie Township within 30 days if any of the items inspected by the Township are altered after this certification.

Owner / Agent Signature

Date

Owner / Agent Printed Name