

City of Tawas City

Short Term Rental Zoning Permit

FOR OFFICE USE ONLY

Date of Application: _____

Permit Number: _____

Date of Approval: _____

Date of Expiration: _____

New Permit [] Renewal [] Owner Change [] Update Information []

Property Owner's Contact Information

Name: _____

Mailing Address: _____

Phone Number: _____ Email: _____

Local Agent (if someone other than Owner) (see attached)

Name: _____

Mailing Address: _____

Phone Number: _____ Email: _____

Property Information

Rental Property Address: _____ Zoning District: _____

Property Tax ID: _____ # of Units: _____ # of Off-Street Parking Spaces: _____

Other Information Required

1. Provide site plan which shows location and number of off-street parking spaces for the unit(s) and/or building
2. Provide one copy of a scaled floor plan of the unit
3. Provide a fire escape plan that, once approved, will be displayed prominently in the unit
4. Provide completed Short Term Rental Permit Self Inspection form
5. If required, provide the completed Local Agent Designation and Authorization Form

Owner Affidavit

- I hereby acknowledge that the information supplied to the City is accurate to the best of my knowledge. I have read Section 7.39 of the City of Tawas City's Zoning Ordinance.
- The local agent will be available 24-hours a day during the rental period and be within 45 minutes travel time of the property.
- I will provide the phone number of the local agent to all neighbors within a one hundred (100') foot radius of the subject property boundaries.
- A notice will be posted in a prominent first-floor window (in at least 16-point type) with the name of the local agent, a 24-hour telephone number at which the agent can be reached, and the maximum occupancy of the dwelling unit as permitted by the Ordinance. The street address of the property shall be posted in at least two (2) prominent locations within the dwelling unit. The address should be posted near the kitchen and near any telephone or pool.

Owner's Signature: _____ Date: _____

Owner's Printed Name: _____

City of Tawas City

Local Agent Designation and Authorization – Short Term Rental

Rental Property Information

Rental Property Address: _____
Property Tax ID: _____ # of Units: _____ # of Off-Street Parking Spaces: _____

Property Owner's Contact Information

Name: _____
Mailing Address: _____
Phone Number: _____ Email: _____

Local Agent Information

If the local agent is handling properties approved for short term rental, the Local Agent must be available twenty-four (24) hours a day during the rental period and be within 45 minutes travel time of the property.

Name: _____
Mailing Address: _____
Phone Number: _____ Email: _____

I designate and authorize the Local Agent named above to act on my behalf with regard to all duties imposed upon me by the City of Tawas City's Code of Ordinances and rules regulating the Short Term Rental identified above, including accepting service notices, processes, or other legal documents issued by Tawas City in such matters. I also agree that I will notify the City and the Local Agent, in writing, should I ever revoke this appointment, and no such revocation shall be effective until received by the City.

Owner's Signature: _____ Date: _____

Owner's Printed Name: _____

I accept the designation and authority noted above and I certify that the contact information is correct. I agree that I will notify the Owner and the City in writing in the event of any changes in that information or if I am no longer serving as Local Agent for this Short Term Rental.

Local Agent's Signature: _____ Date: _____

Local Agent's Printed Name: _____

City of Tawas City

SHORT TERM RENTAL PERMIT SELF INSPECTION FORM

*One Inspection Form Per Unit

Applicant Name: _____ Applicant Contact #: _____

Applicant Address: _____ Unit #: _____ # of Bedrooms: _____

Address of Rental: _____

ITEM	COMPLIANCE	COMMENTS
Smoke Detectors		
Each Sleeping Room	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Outside Each Sleeping Area	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Each Additional Story	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Carbon Monoxide Detector	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Fire Extinguisher		
Kitchen	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Outside Cooking Device	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Lights in Working Condition	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Stairways in Safe Condition	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Egress Doors Working & Safe	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Railings in Safe Condition	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Other Conditions Needing Repair or Updating:		_____

I hereby certify the following:

- Each bedroom has a working smoke alarm; there is a working carbon monoxide detector on each floor; and the owner/agent will check these devices at least every 90 days.
- Each kitchen has a working fire extinguisher, and a working fire extinguisher is located near each outdoor cooking device.
- I will include in my lease agreements off street parking requirements, noise regulations, and other ordinance requirements. A copy of the lease agreement is attached hereto.
- I will notify City Hall within 30 days of any change in the information provide above.

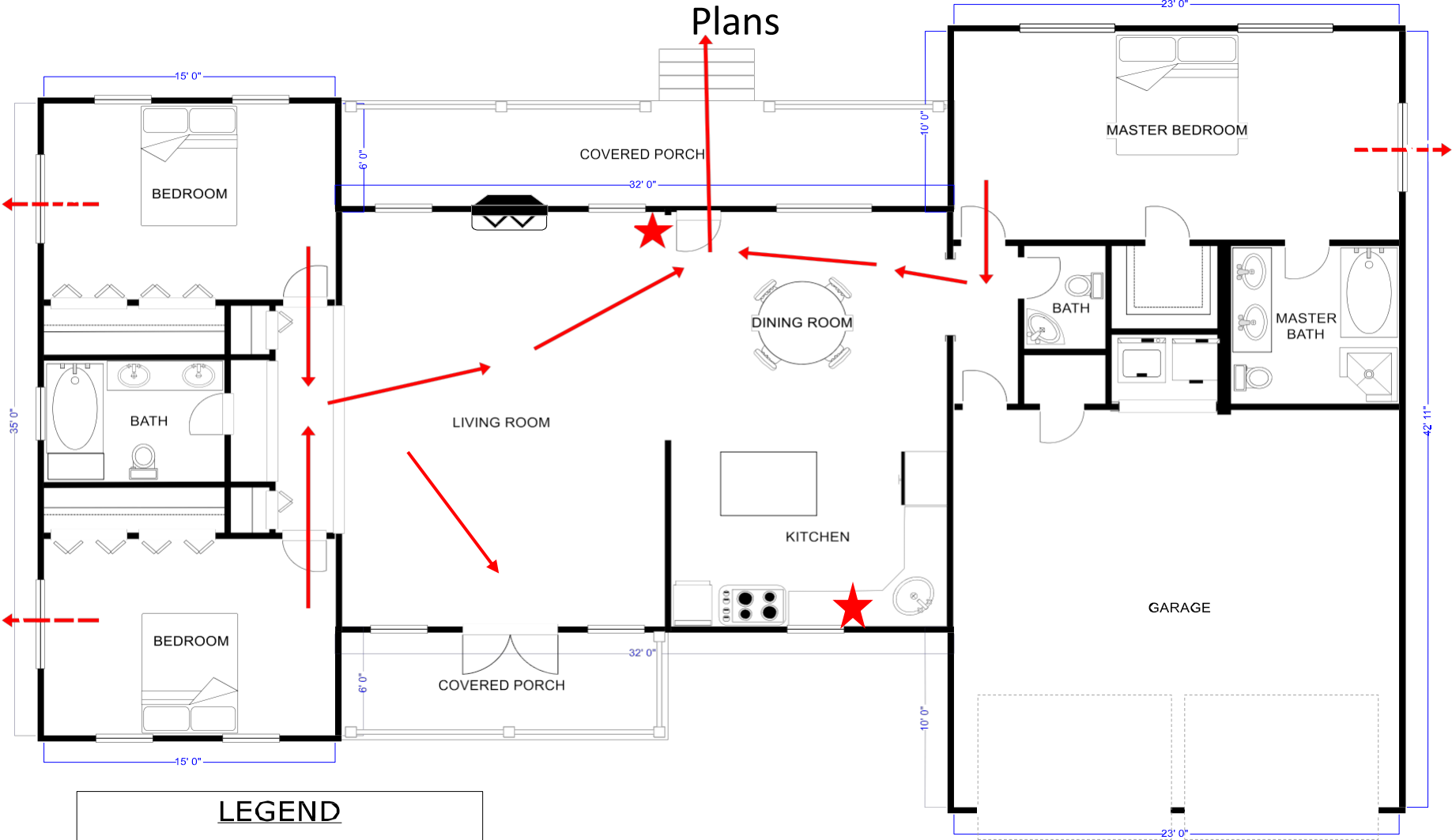
OWNER / AGENT SIGNATURE

DATE




OWNER / AGENT PRINTED NAME

City of Tawas City – Sample Rental Fire Evacuation

Plans



LEGEND

- Primary Evacuation Route - 
- Secondary Evacuation Route - 
- Fire Extinguisher 

You are at **1234 Main Street, Tawas City, MI.**
In Case of Emergency, **CALL 911.**
In case of Fire – Ensure all occupants evacuate the building.

For Property Related Emergencies, Contact John Smith at (123) 456-7890