

# 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: \_\_\_\_\_

### Designated 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	Yes	No	_____
Outside Each Sleeping Area	Yes	No	_____
Each Additional Story	Yes	No	_____
Carbon Monoxide Detector	Yes	No	_____
Fire Extinguisher			
Kitchen	Yes	No	_____
Outside Cooking Device	Yes	No	_____
Lights in Working Condition	Yes	No	_____
Stairways in Safe Condition	Yes	No	_____
Egress Doors Working & Safe	Yes	No	_____
Railings in Safe Condition	Yes	No	_____
Other Conditions Needing Repair or Updating:			_____
			_____
			_____

I hereby certify the following:

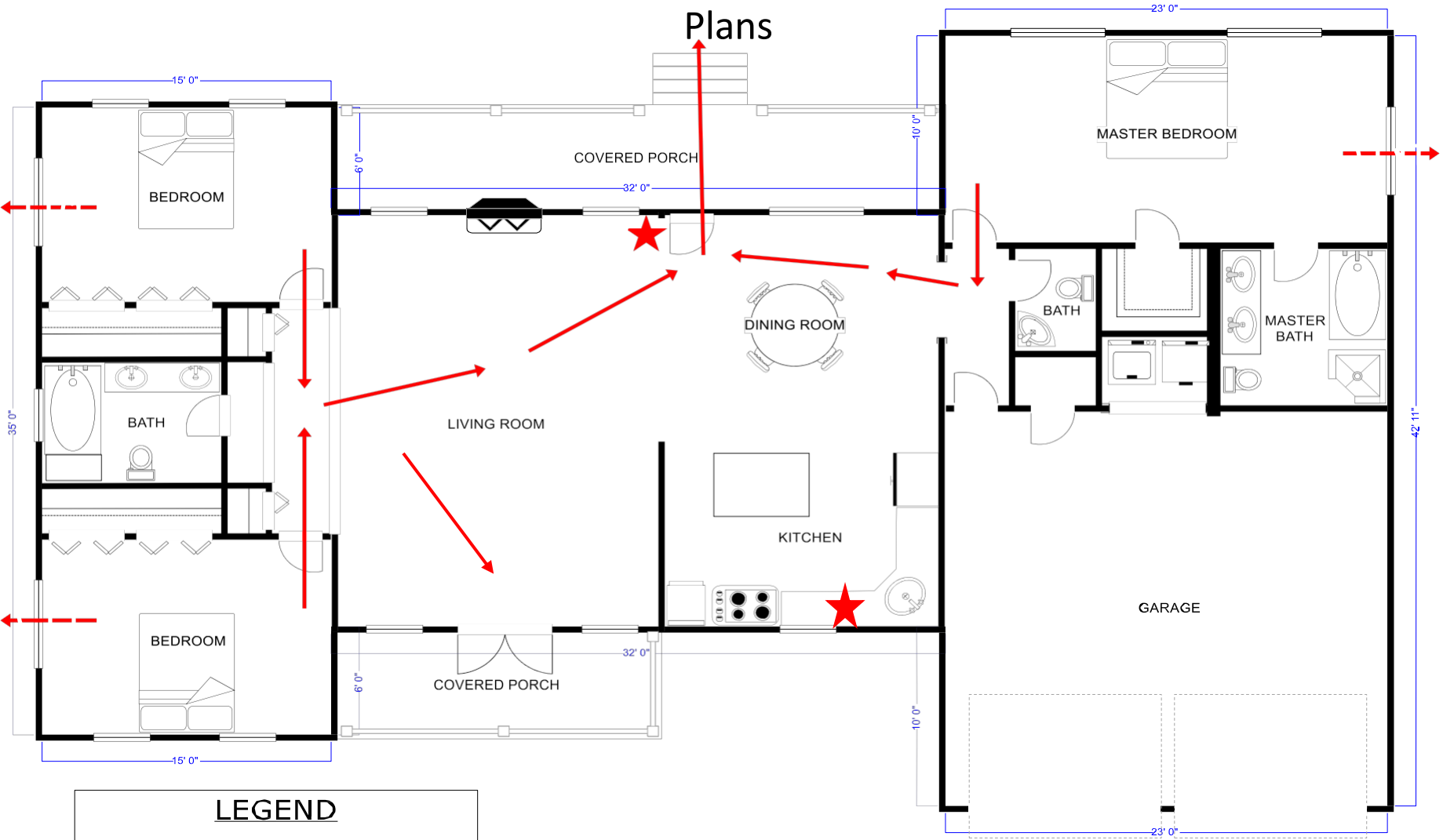
- Each bedroom has a working smoke alarm; there is a working carbon monoxide detector on each floor; and the owner/agent will check these devices at least every 90 days.
- Each kitchen has a working fire extinguisher, and a working fire extinguisher is located near each outdoor cooking device.
- I will 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