

MILTON TOWNSHIP

P.O. BOX 309 7023 CHERRY AVE. KEWADIN, MI 49648

Email: zoning@miltontownshipmi.gov

Permit # STR

2025-_____

VACATION HOME RENTAL PERMIT APPLICATION

Applications must have the following documents attached to be considered complete:
All 2025 Rentals will be required to use this form

CHECKLIST

- _____ Check for \$200 – effective date of rental permit begins AFTER PERMIT is granted and ends October 31 of the same year – Permits must be renewed EVERY year.
- _____ Completed Application (including local caretaker information)
- _____ (date) Septic Inspection (required update is every 5 years) in all areas without a public septic system. **You are required to submit documentation every year – we do not keep last year's information on file.**
- _____ Log of renters going back 3 years **(name, contact info and dates of stay – this is mandatory for all renting properties.)**
- _____ List of house rules for renters / copy of rental agreement
- _____ Floor Plan – all living spaces (can be hand-drawn)
- _____ Maximum Number of overnight occupants to be accommodated. **(Occupancy is based on, and may not exceed a maximum of 2 persons per bedroom (as approved by the NW MI Health Dept.))**
- Daytime occupancy is limited to 14 persons, regardless of number of bedrooms.

Date: _____

- (Homeowner signature) This **MUST** be the owner's signature – (not a property manager, listing agent, LLC etc.... - Owners only, NO EXCEPTIONS.)

By signing this application, the applicant is confirming the following:

1. Applicant is the legal owner of the property being considered
2. All of the information submitted in this application is true and correct.
3. Applicant has read, understands and is aware of ALL rules and regulations and ordinances governing short term rentals in Milton Township, past and new – and is aware of the most recent rental ordinance revision (effective date 12.4.22). By signing, the applicant is also demonstrating awareness that two or more violations of the ordinance may result in revocation of the permit for the remainder of the current rental season, **as well as** possible revocation for future years and possible fines, court costs etc.

Vacation Home Rental Location:

Address: _____

Parcel Number: _____

Owner of Record Name: _____

Owner Mailing Address: _____

Owner Phone: _____

Owner email: _____

Property Management / Contact: (caretaker within 45 minutes of property, available 24 hours/ every day while rented):

Caretaker Name: _____

Caretaker Phone: _____

Caretaker Address: _____

Caretaker Email: _____

Please see front page for signature and additional requirements

Items required with application:

1. Rental rules for renters (copy)
2. Floor plan of rental, including use description of each room
3. Maximum number of overnight occupants
4. Written certification from the Northwest Michigan Health Department verifying the septic provided at the rental is acceptable for the maximum number of occupants to be accommodated
5. Renter's Log going back 3 years. (Log of all renters must include, dates and length of stays as well as name and contact info for all rentals.)