

APPLICATION FOR GUEST RENTALS WITHIN THE VILLAGE OF LAKE ANN

SHORT TERM RENTAL _____ **TOURIST HOME** _____ **BED AND BREAKFAST** _____ (Check One)

Village of Lake Ann
PO Box 61
Lake Ann,, MI 49650

Application No. _____
Fee: \$500.00
Received: _____

APPLICANT(S)

Name: _____
Address: _____
City: _____
State and Zip: _____
Phone: () _____
Property Parcel Tax #: _____
Property Address: _____

Property Manager (if different than applicant)

Name: _____
Address: _____
City: _____
State & Zip: _____
Phone: () _____

***Before a permit may be issued, ALL of the following documentation must be submitted or justified as non-applicable. Please indicate by checkmark that each item has been enclosed with this completed application.**

- ___ 1. Confirmation that Association By-Laws or Deed Restrictions do not prohibit Short Term Rental.
- ___ 2. Proof of ownership along with legal description
- ___ 3. Documentation from the Benzie County Health Department that the septic tank is large enough to accommodate the number of bedrooms that the applicant is proposing to rent.
- ___ 4. Total number of bedrooms to be used (enter # here): _____
- ___ 5. Total number of guests allocated per bedroom capacity (enter # here): _____
- ___ 6. Refuse container(s) location and the name of contracted waste hauler under contract:
- ___ 7. Has name of Property Manager and 24-hour contact number when actively rented been provided above?

I hereby depose and say, under the penalties of perjury, that all of the statements and/or information contained herein or submitted with this application are true. If any statements and/or information are found at a later date to be false, this permit shall become null and void. I understand that this approval expires on December 31st of each year and renewal applications will be considered beginning October 1st of each year. I understand that change of property ownership voids Short Term Rental, Tourist Home, Bed & Breakfast authorization. I understand that I must meet all applicable Federal and State code requirements including Village of Lake Ann Ordinances.

Applicant(s) Date

Village Action: Approved: _____ **Denied:** _____ **Date:** _____

Special Restrictions or Conditions: _____

Planning Commission: _____ **Zoning Administrator:** _____