

Forsyth Township Assessing/Zoning Office
PO Box 1360
Gwinn, MI 49841

Telephone: (906) 346-6246

Physical address: 44 N Johnson Lk Rd

FORSYTH TOWNSHIP SHORT TERM RENTAL APPLICATION

Name: _____

Address: _____

Phone: _____

Email: _____

Rental Designation (see ordinance definition section):

Tourist home (owner in residence)

Vacation home (owner not in residence)

Address of Rental _____ Parcel #52-05-____ - ____ - _____

Number of Bedrooms: _____ Maximum Number of Guests: _____

Designated Local Agent:

Name: _____

Address: _____

Phone: _____

Email: _____

Initial and acknowledge the following:

_____ Sketch of the property indicating location of the dwelling, driveway, or other point of access. Sketch shall also include a sketch of the Short-Term Rental's floor plan including drawings of intended bedrooms.

_____ Acknowledging the provisions of this ordinance and all applicable local and state laws.

_____ Evidence that the applicant owns the property to be used as a Short-Term Rental and the property can be used for such purposes (such as a deed, a land contract, or lease) or that such an applicant has permission from an owner of the property to operate a Short-Term Rental. Contact information for designated local agent

_____ Acknowledge owner's receipt of good visitors' guidelines as prepared by Zoning.

Signature: _____ Date: _____