

FORSYTH TOWNSHIP
SHORT TERM RENTAL APPLICATION
P.O. BOX 1360
GWINN, MI 49841
(906) 346-6246

(File one for each property)

Owner Information:

Name: _____

Address: _____

Phone: _____

Email: _____

Signature: _____

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: _____

Signature: _____

☐ Sketch of the property indicating location of the dwelling, driveway, or other point of access. Such 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.
Initial: _____ Date: _____

☐ Evidence that the applicant owns the property to be use 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
Initial: _____ Date: _____

☐ Acknowledge owner's receipt of good visitors' guidelines as prepared by the Zoning.
Initial: _____ Date: _____