

APPLICATION FOR SITE PLAN REVIEW

Short-Term Rental, Tourist Home / Bed & Breakfast



ALMIRA

TOWNSHIP

Property Parcel # 10-01- _____

Property Address: _____

Property Zoning: _____

Property Size/Acreage: _____

Office Use Only:

| | |
|---|---------------------|
| Application #: _____ | ZA Signature: _____ |
| Payment: _____ | Date: _____ |
| Permit Status: <input type="checkbox"/> Approved | PC Signature: _____ |
| <input type="checkbox"/> Approved w/ Probation | Date: _____ |
| <input type="checkbox"/> Approved w/ Restrictions | |
| <input type="checkbox"/> Denied | |
| Probation: _____ | |
| Restrictions: _____ | |

Property Owner (Mailing Address)

Agent/Manager (Mailing Address)

Name: _____

Name: _____

Address: _____

Address: _____

City: _____

City: _____

State & Zip: _____

State & Zip: _____

Phone: _____

Phone: _____

Email: _____

Email: _____

Complete all of the following, checking the appropriate boxes:

1. Indicate permit type:

- Short-Term Rental (STR), non-owner-occupied dwelling
- Tourist Home / Bed & Breakfast (TH/B&B), owner-occupied dwelling

2. Indicate the intended rental capacity:

Total number of bedrooms to be used: _____

Maximum number of concurrent guests: _____

I agree to limit the maximum number of concurrent guests to two (2) guests per bedroom plus an additional two (2) guests on a sofa bed or other temporary accommodation.

Applicant initials:

YES _____

NO _____

3. Provide the following:

- | | |
|--|---|
| <input type="checkbox"/> Property Deed | <input type="checkbox"/> Recent tax statement |
| <input type="checkbox"/> Recent survey, if available | <input type="checkbox"/> Association by-laws, as applicable |

4. Do Deed Restrictions or Association By-Laws restrict renting?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

If yes, explain: _____

5. Provide the following sewage, water well, and waste disposal systems information:

- Recent domestic water quality report
- Recent septic evaluation by BLDHD, or pumping record for septic system
- Contract with or recent statement from licensed waste hauler

6. Provide a site plan that includes the following:

- | | |
|--|--|
| <input type="checkbox"/> Existing buildings/structures | <input type="checkbox"/> Property line setbacks |
| <input type="checkbox"/> Driveway location(s) | <input type="checkbox"/> Available off-street parking |
| <input type="checkbox"/> Refuse container(s) location | <input type="checkbox"/> Zoning district(s) of adjoining parcels |
| <input type="checkbox"/> Linear feet of shore line, as applicable | |
| <input type="checkbox"/> Neighboring driveways within one-hundred (100) feet | |

7. Identify emergency contact(s):

- | | |
|---|--|
| <input type="checkbox"/> Property Owner | <input type="checkbox"/> Agent/Manager |
|---|--|

I agree that the Property Owner and/or Agent/Manager will be available as a twenty-four (24) hour contact whenever the property is actively rented.

Applicant initials:

YES _____

NO _____

8. Will boats be allowed with this rental?
 Yes No

If yes, indicate maximum number and size of boats: _____

9. I understand that STR and TH/B&B permits expire on December 31st of each year and that renewal applications will be considered beginning October 1st of each year.

Applicant initials:

YES _____

NO _____

10. I understand that any change in property ownership voids STR and TH/B&B permits and that STR and TH/B&B permits do not transfer to new Property Owner(s).

Applicant initials:

YES _____

NO _____

11. I understand that the Planning Commission may attach reasonable conditions with the approval of a site plan, per Almira Township Zoning Ordinance, Section 7.05.C.

Applicant initials:

YES _____

NO _____

12. Indicate preferred payment type (\$500.00 fee):

- Cash
 Check (to "Almira Township")
 Credit/Debit (2.75% transaction fee)

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 I must meet all applicable Federal, and State code requirements including Almira Township Ordinances.

Applicant Signature: _____ **Date:** _____