



Village of Suttons Bay
 420 N Front Street
 P O Box 395
 Suttons Bay, MI 49682
 231-271-3051
suttonsbay@suttonsbayvillage.org

Property/Parcel #ID -----	Village of Suttons Bay Short Term Rental Application	Property Street Address _____
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Owner: Name: _____	Contact Information: Phone: _____
Mailing Address: _____ _____	Email: _____

Operator: Name: _____	Contact Information Phone: _____
Mailing Address: _____ _____	Email: _____
24 Hour Contact: _____	Phone: _____

	Floor Level	Size Square Foot	
Bed Room #1			1. Minimum bedroom size - one person - 70 sf. 2. Minimum bedroom size - two person - 100 sf. 3. Maximum allowable per bedroom is two. 4. Maximum occupancy per property is ten. 5. Maximum occupancy does not include pre-school aged children. 6. Every bedroom shall have access to a bathroom without entering another bedroom. 7. Additional ordinance occupancy requirements are available at www.suttonsbayvillage.org
Bed Room #2			
Bed Room #3			
Bed Room #4			
Bed Room #5			

PARKING PROVIDED: A minimum of two on-site parking spaces are required, (sketch location) Number _____

FLOOR PLAN SKETCH: A floor plan sketch showing size and sq. ft. of all habitable spaces must be provided.

PROCESS:

1. Permit will expire December 31st of a three-year cycle. Please submit renewal application 30 days prior to expiration.
2. Permit fee - \$500.00
3. Complete and return "proof of notice" of properties within 200 feet of rental property.
4. The application will not be processed until the fee is paid, application is completed and Proof of Notice has been submitted.

I declare that his application has been examined by me and that its contents are true to the best of my information, knowledge and belief.

Printed Name: _____

Name: _____ Date: _____

Signature

Short Term Rental
Application-Floor Plan
Sketch Layout

A large grid of graph paper, consisting of 20 columns and 30 rows of small squares. The grid is intended for sketching floor plans and site layouts.

Please provide a sketch of each floor showing bedroom and bathroom locations. Also provide a sketch of the site showing where parking spaces are provided.

Sheet Instructions: Please complete the below form and mail or deliver a copy of said form to all properties within 200 feet of the Short-Term Rental.

	NOTIFICATION TO ESTABLISH Short Term Rental In the Village of Suttons Bay	DATE: _____
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The Short-Term Rental operator will provide notification to establish a Short-Term Rental and 24-hour contact information to all properties within two hundred feet (200') of the Short-Term Rental.

Rental Property Address:

Operator 24 Hour Contact Information:

Name of Operator :

24 Hour Phone Number(s) Operator:

E-mail

Address(es): _____

PROOF OF NOTICE

Parcel #ID

NOTICE TO ESTABLISH
Short Term Rental

____-____-____-____-____

Sheet Instructions: The ordinance requires the owner/operator provide "Notice to Establish" Short Term Rental (STR) and contact information of the owner/operator to all properties within two hundred feet (200') of the boundaries of the licensed STR.

This Proof of Notice is used to provide evidence that properties within 200' of the STR have been provided "Notice to Establish" a short-term rental.

After all properties within 200' have been noticed, please complete this form and return to the Village with your application. The list of properties provided by Village Administration can be attached.

Operator 24 Hour Contact Information:

RentalPropertyAddress: _____

Name of Operator: _____

24 HourPhone #: _____ E-mail Address(es): _____

- 1. Form to be delivered or mailed: NOTIFICATION TO ESTABLISH – Short Term Rental
- 2. According to Short Term Rental Ordinance, I served by first class mail or personal delivery the below properties.

(Assistance identifying properties within 200' can be obtained from Village Administration)

Indicate Mail or Personal Delivery	Name	Address of Service	Date

I declare that this Proof of Notice has been examined by me and that its contents are true to the best of my information, knowledge and belief.

Date: _____

Signature: _____

Name: (Type or Print) _____

