



CITY OF BOYNE CITY

319 N. Lake Street
Boyne City, MI 49712
Phone: (231) 582-6597
Fax: (231) 582-6506
www.boyne-city.com

Short Term Rental Application

Property Owner _____ Phone _____

Address _____ Email _____

City _____ State _____ Zip _____

Local Agent _____ Phone _____

Address _____ Email _____

City _____ State _____ Zip _____

Short-Term Rental Unit Address _____

Type of Unit: Single Family Dwelling _____ Accessory Dwelling Unit _____

Property ID Number: 15-051- _____ - _____ - _____ Zoning District _____

Number of Bedrooms _____ Number of Floors _____

I acknowledge and affirm all of the following:

I will provide my renters/guests with contact information of my local contact and a copy of the City of Boyne City's Good Neighbor Guide.

The short-term rental unit has operating smoke detectors in each bedroom, carbon monoxide detectors on each floor and all are maintained and checked every 6 months.

My short-term rental property is properly insured for its use as a short-term rental.

Name of Insurance Provider: _____

I will supply all guests with a sketch of where and when they can legally park while staying at the property. (Please attach or provide parking sketch on the back of this form)

Signature of Applicant _____ Date _____

Signature of Property Owner _____ Date _____

OFFICE USE ONLY

This is to certify the required permit fee was received on: _____ Receipt Number: _____

Approved: Yes No Approved By: _____

License Type: Initial _____ Renewal _____ Expiration Date: _____

SHORT TERM RENTAL LICENSE NUMBER: _____

PARKING SKETCH *(Or attach a copy)*

Please Draw a Sketch Below Indicating:

- 1) Short Term Rental Unit
- 2) Property Lines
- 6) Driveway and Parking Areas