Bloomingdale Township
109 E. Kalamazoo St., Bloomingdale, MI 49026
(269) 521-3800 ext3

Property/Parcel #ID

___-___-___-___-___

Short Term Rental

Application

Property Street Address

_____

Owner

Contact Information:

Name: _____ Phone: _____

Mailing Address: _____ Email: _____

24hr-Contact/Caretaker

Contact Information:

Name: _____ Phone: _____

Mailing Address: _____ Email: _____

Property Information:

Number of bedrooms: _____Number of occupants per bedroom: _____

Number of bathrooms: _____ Number of parking spaces on site: _____

Floor Plan Sketch: a floor plan sketch showing the size and sq. ft. of all habitable spaces MUST be provided.

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1. Permit fee - $100.00.
2. Permit will expire one (1) year from date of issue.
3. Complete and return
4. The application will not be processed until the fee is paid, application is completed, copy of Proof of Insurance, and copy of "House Rules" have been submitted, and all regulatory procedure completed.

Bloomingdale Township Ordinance #139 5-25

Signatures:

_____

Owner

_____

Caretaker (if applicable)

Short Term Rental Application Floor Plan Sketch Layout

(please indicate locations of **SMOKE DETECTORS, CARBON MONOXIDE DETECTORS,** and **FIRE EXTINGUISHERS)**

Short Term Rental Application Plot Plan Sketch

Operator 24 Hour Contact Information:

Name of Operator: _____

24 Hour Phone Number(s) Operator: _____

Email Address: _____

Name of Owner: _____

Phone Number(s) Owner: _____

Email Address Owner: _____

I declare that the information provided has been examined by me and that it's contents are true to the best of my knowledge and belief.

DATE: _____

SIGNATURE: _____

NAME (print): _____