

Short-Term Rental Permit Application

Cleveland Township, Leelanau County

Pursuant to Cleveland Township Ordinance 2024-0514-01

On May 14, 2024, the Cleveland Township Board approved Ordinance No. 2024-0514-01, the Cleveland Township Short Term Rental Ordinance

Starting on January 1, 2025, anyone operating or advertising a Short-Term Rental in Cleveland Township's R1, R2, R3, and Ag Districts must have a Short -Term Rental Permit.

Please fill this application out online and save and email to zoningCT@gmail.com. Handwritten and U.S.A mailed applications can be accepted with prior approval, please call Scott Sheehan at 231-633-4002 to make arrangements . Thank you.

ITEMS REQUIRED FOR SUBMITTAL OF A STR PERMIT APPLICATION

- **This Application Form**
- **Annual Permit Fee - \$350.00, payable to Cleveland Township.**
- **Site Plan showing the required parking spaces. (may be hand drawn)**
- **Health Dept. Permit or Approval indicating the number of approved bedrooms.**
- **Proof that the septic or holding tanks have been pumped or inspected within five years of the application date.**
- **If the Applicant signing the application is not the owner of the property, written authorization from the Property Owner is required.**

PLEASE READ BEFORE SUBMITTING THIS APPLICATION

- This permit only applies to the rental of an entire dwelling unit on a short-term basis (less than 30 consecutive days)
- This permit does not apply to the short-term rental of a portion of a dwelling unit, or an owner-occupied B&B, Inn, Motel, or Waterfront Resort. (A Land Use Permit is required for a B&B or an owner-occupied short-term rental).
- A Short-Term Rental Permit cannot be issued for a camper, RV, tent, boat, etc.

Office Use:

Application Number: _____ Address: _____

Date Received: _____

Date application complete: _____ Permit Number: _____

Fee Payment – Check Number: _____

(please email printable forms to- zoningct@gmail.com)

**Cleveland Township
Short-Term Rental Permit Application**

Location of Property:

Street Address: _____

Property Number: _____

Subdivision or Condo name (if applicable): _____

Short Term Rental Information:

Number of Bedrooms approved on Health Department Permit or Approval: _____

Maximum Number of Occupants Requested (12 Maximum): _____

Number of parking spaces on-site: _____

Applicant: check one Owner Agent or Manager (must have written authorization)

Name: _____

Company: _____

Mailing Address: _____

City, State, Zip: _____

Phone Number: _____

Email: _____

Property Owner:

Name: _____

Mailing Address: _____

City, State, Zip: _____

Phone Number: _____

Email: _____

Designated 24-Hour Local Contact Person:

Name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Email: _____

This Local Contact Person must be available during the Short-Term Rental period and shall have access to the property and the authority to assume management of the unit and take remedial measures. The Owner may be the Local Contact Person if they meet the requirements.

Certification:

By signing this Application and/or authorizing my Agent to sign this Application, I certify that:

1. I have read the Cleveland Township Short-Term Rental Ordinance and understand the regulations, requirements, and penalties contained in the Ordinance; and,
2. The information contained on this Application and Submittal are true to the best of my knowledge. I understand that submittal of false information on this Application is a violation of the Ordinance; and,
3. I have the legal authority to sign this Application; and,
4. To the best of my knowledge, there are no deed, subdivision, or condominium restrictions or covenants that prevent the rental of this dwelling on a short-term basis; and,
5. I understand that a Cleveland Township Short-Term Rental permit is non transferrable to a different owner; and,
6. I will notify Cleveland Township of any change of the Local Contact Person; and,
7. I understand that Cleveland Township will distribute my contact information and that of the Local Contact Person to neighbors within 300 feet of the rental property; and,
8. I will post the Cleveland Township Short Term Rental Standards and this Permit in a prominent place in the Short-Term Rental; and,
9. With granting of a Short-Term Rental Permit, it is agreed that the operation will conform with the Cleveland Township Short-Term Rental Ordinance and the Township shall not be held liable for any damages resulting therefrom.

Print Name of Property Owner or Agent

Signature of Property Owner or Agent

Check one Owner Agent or Manager (must have written authorization)

Date: _____