



Date Received _____
Check # _____
Payment _____

TOWNSHIP OF MUNISING
ZONING COMPLIANCE PERMIT APPLICATION
FOR VACTION RENTAL

Please complete the application, include a check in the amount of \$50.00 payable to Munising Township,
and mail to the following:

Township of Munising
P.O. Box 190
Wetmore, MI 49895

Zoning Administrator
906-387-4404
muntwpza@jamadots.com

Property Information

Street Address: _____
Property Tax ID #: _____

Property Owner:

Name: _____
Mailing Address: _____
City, State, Zip: _____
Phone Number: _____
Email: _____

Agent (If applicable)

Name: _____
Mailing Address: _____
City, State, Zip: _____
Phone Number: _____
Email: _____

24 Contact Person:

Name: _____
Mailing Address _____
City, State, Zip: _____
Phone Number: _____
Email: _____
Travel Time To Rental Property: _____

Number of Bedrooms: _____

(a Maximum of two (2) occupants per bedroom plus four (4) additional occupants on the premises permitted)

Are pets allowed: Yes _____ No _____

(Pets shall be secured on the premises or on a leash at all times)

Parking Plan; Please include diagram:

(All parking shall be out of the roadway and entirely on-site in the garage, driveway, or other improved area)

All Occupants must practice courtesy to neighbors in regard to noise and activity.

The Township Zoning Administrator must have up-to-date owner and/or manager contact information.

The Township Board, by resolution, may establish a maximum number of vacation rentals allowed within the Township.

By January 31st of each year, the owner or manager of the property permitted as a vacation rental shall notify the Munising Township Zoning Administrator, in writing, that the property will or will not be used as a vacation rental for that year. If the property is not used as a vacation rental for two consecutive years, any vacation rental permit for the property shall expire without further action by the Township.

The Undersigned applicant hereby swears that the information contained in this application together with any attached exhibits or supplemental information is true and correct.

Signature of Applicant (Owner)

Date

FOR OFFICE USE ONLY

Application of Certificate of Zoning Approval is hereby **APPROVED / DENIED** in accordance with the provisions of the Munising Township Zoning Ordinance, as amended May 27, 2010 submit to the following conditions and restrictions.

Zoning Administrator

05/18/2022 Revised

Date