

2024 GREEN LAKE TOWNSHIP SHORT TERM RENTAL APPLICATION

Permits expire December 31 of the year issued



You ***MUST*** answer all questions & include all required attachments.
Incomplete applications will not be accepted.

I AM: _____ PROPERTY OWNER OF SHORT-TERM RENTAL PROPERTY – complete and sign application
_____ PROPERTY MANAGER (CARETAKER) OF SHORT-TERM RENTAL PROPERTY – complete and have the property owner sign below OR attach written authorization, signed by property owner, authorizing you to complete the form on their behalf.

PROPERTY OWNER NAME & CONTACT INFORMATION REQUIRED

NAME _____ *PHONE _____

ADDRESS _____

EMAIL ADDRESS _____

CARETAKER NAME & CONTACT INFORMATION REQUIRED

!MUST BE LOCATED WITHIN 30 MINUTES!

NAME _____ * PHONE _____

ADDRESS _____

EMAIL ADDRESS _____

*** 24 HR CONTACT PHONE NUMBER REQUIRED FOR OWENER AND CARETAKER**

SHORT TERM RENTAL PROPERTY INFORMATION

STREET ADDRESS _____

Parcel Id Number _____ # Bedrooms in Dwelling _____

_____ CURRENT WELL AND SEPTIC STATUS FORM FROM GTC HEALTH DEPARTMENT REQUIRED – must be dated no more that 90 days of application date

_____ SITE PLAN REQUIRED – INCLUDE ALL BUILDINGS AND PARKING LOCATIONS IN DRIVE _____ FLOOR PLAN

_____ # OF BEDROOMS _____ REQUESTED # OF GUESTS

In granting of a permit for a short-term rental, all applicable ordinances shall be complied with. The Township of Green Lake shall not be liable for any damages resulting therefrom. In signing this application, you are permitting a representative of Green Lake Township to do on-site inspections.

OWNER SIGNATURE

CARETAKER SIGNATURE

DATE

IF CARETAKER, CARETAKER MUST SIGN

ANNUAL FEE IS \$525 – Please make checks payable to Green Lake Township. Credit/debit not accepted.

FOR OFFICE USE ONLY

File Number _____

Date Received _____

Fee (Non-refundable) _____

Accepted By _____