MAYFIELD TOWNSHIP APPLICATION FOR SHORT TERM RENTAL

Application number	Fee\$500 initial\$250 renewal
Applicant: Name:	Agent: Name:
Address:	Address:
City:	City:
State & Zip:	State & Zip:
Phone: ()	Phone: ()
Property Parcel Number :	Address:
INFORMATION REQUIRED:	
A legal description of the property, a p	arcel map, and proof of ownership
Zoning classification of property & adja	acent parcels
The location of existing and proposed	structures and showing setbacks to parcel lines
	s within 100 feet of parcel
Total number of bedrooms to be used	for the short term rental
Copy of most recent health dept seption	c tank evaluation & water quality report
Number and location of trash receptac	cles and name of waste hauler
Name, & phone number of person to b	pe contacted on a twenty four hours basis
I certify that all statements contained herei	n are true Signed
Printed Name	
	Denied Date:
Conditions:	
Planning Commission Chair	Zoning Administrator

Note: Permit expires on March 31 and must be renewed annually to continue the short term rental