



Phone: (269) 756-9221

Fax: (269) 756-3031

**SHORT TERM RENTAL PERMIT
APPLICATION**

Date of Application: _____

Applicant Name: _____

Applicant Contact #: _____

Applicant Address: _____

Address of Rental: _____

This permit is issued pursuant to Village of Three Oaks Ordinance 210 and is valid for a period of one year from the date signed below, unless terminated due to a violation, and shall be renewed annually.

MAXIMUM OCCUPANCY LOAD _____

I hereby acknowledge receipt of the following documents (please initial):

_____ Copy of Ordinance 210

_____ Short Term Rental Self Inspection Form

OWNER / AGENT SIGNATURE

DATE

OWNER / AGENT PRINTED NAME

For Village Use Only:

I hereby certify that I have inspected the above premises and find that the short-term rental unit complies with the requirements set forth in Village of Three Oaks Ordinance 210.

Building Inspector

Date