

GERRISH TOWNSHIP SHORT-TERM RENTAL INCREASED OCCUPANCY NEIGHBOR NOTIFICATION AND CONSENT FORM

INSTRUCTIONS:

STR permit applicants requesting to rent to more than twelve (12) Occupants* at a time must complete this form.

**Capitalized terms (e.g., "Occupants" and "Occupancy") have the same meaning as defined in the Gerrish Township STR Ordinance.*

Applicants seeking to rent to more than Twelve (12) Occupants at one time must:

Deliver this form to:

- **All contiguous property owners**, and
- **All property owners located within 100 feet of the dwelling**, as measured from the exterior walls of the structure.

Obtain their acknowledgment and signature.

Return all completed forms to the Township as part of your STR application packet.

**Note: The Township does not notify neighbors on your behalf.*

SECTION 1: STR APPLICANT INFORMATION

Owner Name(s): _____

Proposed STR Property Address: _____

Parcel ID #: _____

Requested Maximum Number of Occupants: _____

SECTION 2: NEIGHBOR NOTIFICATION

The above-referenced property owner is applying for a Short-Term Rental (STR) License that would allow rental to **more than twelve (12) Occupants at one time**.

If approved, the dwelling may be rented for periods of less than 30 consecutive days with a maximum Occupancy exceeding 12 individuals.

The applicant affirms that the STR will comply with:

- All applicable Township Ordinances
- Parking requirements sufficient to accommodate the requested Occupancy
- Health and safety standards
- Any recorded deed restrictions or private road maintenance agreements

SECTION 3: NEIGHBOR ACKNOWLEDGEMENT AND CONSENT

(To be completed by each required property owner)

Property Owner Name(s):

Property Address:

Distance/Relationship to STR Property (Please check one):

- Contiguous Property Owner
- Property Owner Within 100 Feet

Consent/Non-consent (Please check one):

I/We acknowledge notification of the proposed request to permit more than 12 Occupants and **consent** to the increased Occupancy.

I/We acknowledge notification of the proposed request to permit more than 12 Occupants and **do not consent**.

Signature _____ Date _____

Signature _____ Date _____

Printed Name(s):

(Use additional sheet if necessary)

Applicant Certification

I certify that I have provided this form to all contiguous property owners and all property owners within 100 feet of the dwelling and that all completed applicable forms are included with my STR application.

I understand that the Township retains sole authority to approve or deny my request for increased Occupancy pursuant to applicable ordinances.

Signature _____ Date _____

Printed Name:
