



# BURT TOWNSHIP BOARD

ALGER COUNTY

P.O. BOX 430

E21837 GRAND MARAIS AVE.

GRAND MARAIS, MI 49839-0430

906-494-2381

Fax: 906-494-2627

www.burttownship.com

Sheri Shafer, Supervisor  
Lori McShane, Clerk  
Tara Dongvillo, Treasurer

Deborah Lundquist, Trustee  
Louis Lundquist, Trustee

## Short-Term Rental Check-List

### Property Information

Physical Address: \_\_\_\_\_

Parcel/Property Number: \_\_\_\_\_

Nickname for the Rental: \_\_\_\_\_

What platforms do you use to advertise? \_\_\_\_\_

### 1. Property Owners Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Tax ID# \_\_\_\_\_

\_\_\_\_\_  
Property Owner Signature

\_\_\_\_\_  
Date

### 2. Local Contact Person

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

\_\_\_\_\_  
Local Contact Signature

\_\_\_\_\_  
Date

**3. Off street parking.** Yes / No

**4. Number of sleeping areas.** \_\_\_\_\_

**5. Windows in all bedrooms.** Yes / No

**6. Smoke Alarms in all bedrooms and hallways.** Yes / No

**7. Fire extinguisher on each floor.** Yes / No

**8. Building has two exits. (doors, windows etc...)** Yes / No

**9. Bathroom & bathing facilities.** Yes / No

**10. Do you plan to rent more than 14 days per year?** Yes / No

**11. Approval. (Office Use Only)** Yes / No

\_\_\_\_\_  
Zoning Administrator's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date Paid

\_\_\_\_\_  
Check # / Cash / Card