



Office of the Zoning Administrator
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P.O. Box 350 Paradise, Michigan 49768
(906) 492-3452 ext 6

Short Term Rental Operating License Annual Renewal April 1, 2026 through March 31, 2027

Please return this application with your water test reports and the annual renewal fee of \$200 by April 1, 2026.

Rental Property Physical Address: _____
Is the address number visible from the public road? Y / N

Parcel Number: 17-016-_____-_____-_____

Local Contact Name and Telephone: _____

Attach Water Test Reports, or state explanation for missing reports below:
example: "seasonal rental," etc.

Property Owner: _____

Mailing Address: _____

Telephone: _____

Email: _____

Signature(s): _____ Date signed: ____/____/____

DATE APPROVED RENEWAL RETURNED TO OWNER: _____ By: _____ Via _____

Date received by Zoning Administrator: _____

Date Fee Paid: _____ Received By: _____

Paid Via: _____ Reference: _____

Fee to Treasure: Date: _____ By: _____

Notes: _____