

Clark Township Short Term Rental Inspection Form

This form is to assist short term rental facilities to meet basic safety standards and codes for the mutual protection of the guests and the owners. It is also a means to promote good neighbor relations and community well being.

Three (3) copies of this form are to be provided: 1. to the Township zoning administer; 2. posted in the rental facility; 3. retained by the owner annually.

PROPERTY INFORMATION

Property Owner Name _____

Address

Street & Number: _____

City, State, Zip: _____

Telephone/cell phone Number: _____

Email: _____

EMERGENCY CONTACT NUMBER: _____

Rental Address

Street & Number: _____

Community (Cedarville or Hessel): _____

Number of people using the rental: _____

Will there be campers and/or people using tents? Yes No How many? _____

Will there be camper vehicles? Yes No How many? _____

EMERGENCY ASSISTANCE

**** EMERGENCY CONTACTS: USE 911 FOR EMERGENCY CALLS ****

Fire: 911

Ambulance: **911**

Mackinac County Sheriff: **911** dispatch: 906-495-2142

State Police: **911** St. Ignace Post: 906-643-8203; Sault Ste Marie: 906-632-3805

Neighbors (list at least three located at either adjacent lots or across the road)

Name and contact number: _____

Name and contact number: _____

Name and contact number: _____

Mackinac Straits Hospital: 906-643-8555

War Memorial Hospital, Sault Ste. Marie: 906-635-4460

FACILITY INFORMATION

of bedrooms: _____ # of beds (include cots, couches, etc.) _____

of bath rooms: _____

of off-street parking spaces: _____

of smoke detectors: _____

where located: _____

of fire extinguishers: _____

where located: _____

Electrical (check all that apply)

- ground fault receptacle in bathroom
- outlets in working condition, easily accessed
- all lights working
- exterior safety lights
- interior emergency lighting and/or exit lighting
- baseboard heat (if applicable) working

Water

- water tested by health department, date: _____
- hot water tank working
- Septic/sewer in working condition
- Instructions for sewer alarms: who to call, what to do

Exterior

- facility address clearly posted
- exterior safety light(s) working
- trash receptacles available
- adequate off-street parking
- if off-street parking unavailable, adequate, safe, street parking available

In signing this document, I certify the above information is correct and current as of **(date)** _____.
Adjacent neighbors have been notified about this short-term rental facility, and I have provided them with contact information should any disputes arise. I certify the facility is in safe condition and is up to date in electrical and water codes.

Owner's Signature: _____

Owner's name printed: _____

Date: _____