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

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 bathrooms: ___________
- # 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: ___________________________