

TOWN OF MICHIANA SHORES

601 El Portal Drive
Michiana Shores, Indiana 46360
Office (219) 874-3193 Fax (219) 874-3770

SPECIAL USE PETITION/APPLICATION To Board of Zoning Appeals for Short-Term Rental

Address of Property: _____ (Attach Official Legal Description)

Parcel Number: _____ Current Zoning: _____

Existing Covenants or Easements: _____

Reason for Special Use Request: _____

APPLICANT INFORMATION:

Name: _____

Address: _____

Telephone Number(s): _____

Email: _____

Property Interest of Applicant: _____
(i.e. owner, contract purchaser, agent, etc.)

OWNER INFORMATION IF DIFFERENT FROM APPLICANT/IF ADDITIONAL OWNERS APPEAR ON DEED:

Name(s): _____

Address(es): _____

Telephone Number(s): _____

APPLICATION CHECKLIST:

- Application Fee (\$150) submitted to Town Clerk-Treasurer. Ck #: _____ Date: _____
- Plan for Special Use, including:
 - Home Inspection Report** (Attach copy of Report):
 - Detailed drawing** (Attach) indicating:
 - Location and Number of parking spaces
 - Location of all structures on the property
 - Location of Septic Tank and Septic Fields
- Proof of State Sales Tax and County Innkeepers' Tax Collection /**Merchant's Certificate** (Attach)

ATTACHMENTS:

- Legal Property Description
- Home Inspection Report
- Detailed drawing
- Copy of Registered Merchant’s Certificate

After **ALL** required documents have been provided to the Town Clerk, the BZA will set a date for a public hearing to consider your petition. The BZA must provide ten (10) days’ notice of the hearing date to you, interested parties (via certified, receipt requested mail), and the public at large (via publication in a local newspaper).

OFFICE USE ONLY:

Petition # _____ Public Hearing Date: _____

NOTICE OF PUBLIC HEARING TO INTERESTED PARTIES:

Name: _____ Address: _____

Date mailed: _____ “Proof of Receipt” initialed by Town Clerk-Treasurer Y / N

Name: _____ Address: _____

Date mailed: _____ “Proof of Receipt” initialed by Town Clerk-Treasurer Y / N

Name: _____ Address: _____

Date mailed: _____ “Proof of Receipt” initialed by Town Clerk-Treasurer Y / N

Name: _____ Address: _____

Date mailed: _____ “Proof of Receipt” initialed by Town Clerk-Treasurer Y / N

Name: _____ Address: _____

Date mailed: _____ “Proof of Receipt” initialed by Town Clerk-Treasurer Y / N

Name: _____ Address: _____

Date mailed: _____ “Proof of Receipt” initialed by Town Clerk-Treasurer Y / N

Name: _____ Address: _____

Date mailed: _____ “Proof of Receipt” initialed by Town Clerk-Treasurer Y / N

Name: _____ Address: _____

Date mailed: _____ “Proof of Receipt” initialed by Town Clerk-Treasurer Y / N

Name: _____ Address: _____

Date mailed: _____ “Proof of Receipt” initialed by Town Clerk-Treasurer Y / N

PUBLIC NOTICE OF HEARING (Attach a copy of published Notice)

Date of Publication: _____ Name of Newspaper: _____