

# Alabaster Township Residential Rentals Ordinance Permit Application

**Applications for a maximum capacity of 10 or more require a District Health Department II Septic system inspection.**

**A. Property Information**

Address \_\_\_\_\_

Property ID# \_\_\_\_\_

Ownership Type *(select one)*

Individual		Full Name of Individuals	
Corporation		Name of Coporation	
Partnership		Name of Partnership	
Trust		Name of Trust	

**B. Owner Information**

Name			
Address			
City			
State		Zip Code	
Email Address			
Phone			
Cell Phone			

*If not Individual owners please also provide the following information:*

Corporation/Trust Name	
Contact/Trust Officer	
EIN/Corporation State & Federal Id	
Corporation/Trust Type	

**C. Local Agent Contact Information**

Name		
Address		
City		
State		
Zip		
Email Address		
Phone		
Cell Phone		
Time Distance from Property		

**D. Listing/Marketing Platform(s)**

Please provide ALL websites and marketing platforms this property is listed on

Listing		
Web Address/Phone Number		
Listing		
Web Address/Phone Number		
Listing		
Web Address/Phone Number		
Listing		
Web Address/Phone Number		
Listing		
Web Address/Phone Number		

**E. Occupancy Information**

**1. Bedrooms**

Bedroom	Dimensions		Total Square Feet	Number of Beds
	Wide	Long		
1				
2				
3				
4				
5				
6				

**2. Septic System Information**

Tank Size in Gallons

Number of Chambers

Garbage Disposal *(Circle one)*      Yes      No

Septic Ejection Pump *(Circle one)*      Yes      No

**3. Dwelling Size**

Dwelling Outside Dimensions		Square Feet
Wide	Long	

Dwelling Total Square Feet

## F. Parking Schematic Diagram

A parking schematic diagram is required for the permit and is attached to this application.  
Please complete and attach diagram.

## G. Residential Rentals Agreement

I (we) have read and understand the Alabaster Township Residential Rentals Ordinance. I (we) are applying for a rental permit for the property listed above. Occupancy will be limited to the dwellings capacities for people and parking. I (we) certify that the foregoing statements made by me (us) are true and correct.

**A non-refundable fee is required with submission of this application:**

**Short-Term Registration Fee: \$300.00**

**Long-Term Registration Fee: No Fee**

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

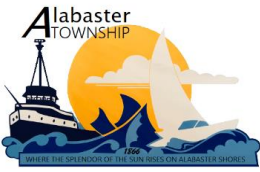
\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name



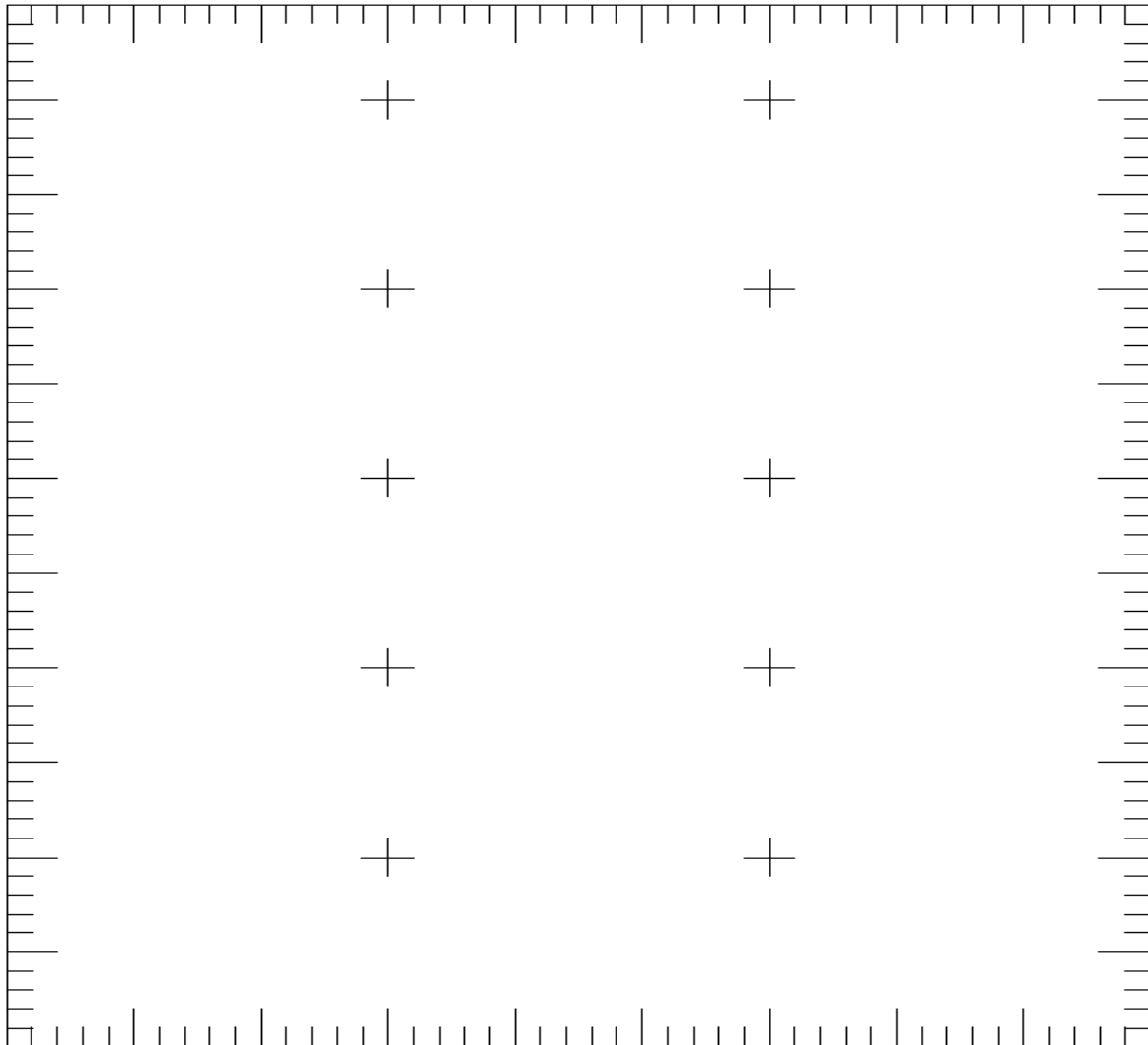
# Alabaster Township Parking Schematic Diagram Required with Residential Rental Application

## Property Information

Property Address \_\_\_\_\_

Property ID# \_\_\_\_\_

Please sketch roads, driveways, dwelling, parking spaces and a North arrow.



## Schematic Information

Drawn by: \_\_\_\_\_

Date: \_\_\_\_\_