

**CITY OF ISLE
SHORT TERM RESIDENTIAL RENTAL
ANNUAL SPECIAL USE APPLICATION**

APP # _____
Date _____
Fee _____
Check # _____
(for office use only)

Name of Applicant _____

Property Address _____ Phone _____

Mailing Address _____ E-mail _____
(if different than above)

City, State, Zip _____

Applicant is: _____ Title Holder of Property : *(if other than applicant)*

Legal Owner	()	_____
Contract Buyer	()	(Name)
Option Holder	()	_____
Agent	()	(Address)
Other _____		_____
		(City, State, Zip)

Signature of Owner, authorizing application (required): _____
(By signing the owner is certifying that they have read and understood the instructions accompanying this application.)

Signature of Applicant (if different than owner): _____
(By signing the applicant is certifying that they have read and understood the instructions accompanying this application.)

Property ID # (9 digit # on Tax Statement) _____

Zoning District _____

What are you proposing for the property? State nature of request in detail, including to the extent applicable, hours of operation, parking, anticipated traffic and routes, lighting plans, identification and explanation of any potential sources of noise, dust, vibration or other impacts reasonably anticipated to be generated by the use that could affect surrounding properties:

Discuss the following issues by explaining how the proposed Interim Use will cause no significant adverse effects. Please complete all of the following questions, if not applicable put NA:

- (1) Would the use be detrimental to or endanger the public health, safety, comfort, convenience or general welfare of the neighborhood or the City? Why?

- (2) Will the proposal be designed, constructed, operated and maintained to be compatible in appearance with the existing or intended character of the general vicinity and will not change the essential character of that area. Why?

- (3) Will the proposal be hazardous or disturbing to existing or future neighboring uses. Why?

- (4) Will the proposal involve uses, activities, processes, materials equipment and conditions of operation that will be detrimental to any persons, property or the general welfare because of excessive production of traffic, noise, smoke, fumes, scenic blight, glare or odors. Why?

- (5) Is the proposal Involve lighting, including lighted signs, that would impair the enjoyment of property and/or property owners in the vicinity or the safety of the traveling public. Why?

- (6) Will the proposal be in conformance with the provisions of this Ordinance, and would not unreasonably interfere with the health, safety, and welfare of the surrounding owners and the public, if conducted in compliance with the conditions imposed on the permit. Why?

(7) Does the proposal adequately provide for parking, current and anticipated traffic congestion, and traffic safety so the use does not become or create a nuisance? Why?

(8) What is a proposed end date or event that you are considering for this use?

(9) Is there any additional information you wish to provide?

INTERIM USE APPLICATION CHECKLIST

_____ Completed application, including signature of property owner

_____ Fee

_____ All current City charges paid

_____ No outstanding violations

_____ Review of Lodging Tax Ordinance

** Under certain circumstances, the Planning Commission may require additional information to aid in their decision making.*

Office Use

Approval Letter to Applicant : _____

Notice sent to MDH: _____

Notice sent to MLAT: _____

60 Day Rule Date: _____