

BEMIDJI TOWNSHIP

Application for Residential Rental Property Permit

Please complete this application carefully (PRINT) and completely according to the instructions. Failure to fill in all of the required information may result in a delay of processing your application.

Payment of applicable fees made payable to Bemidji Township must accompany this application. Significant after-the-fact fees apply for after-the-fact applications.

Permits are effective for a MAXIMUM of 3 (three) years from the date it is issued

Fee: _____

OFFICE USE ONLY

Complete Application Rec'd _____

Payment Rec'd _____

60-day Rule Date _____

Hearing Date _____

Hearing Notices Sent _____

Zoning District _____

Of Responses _____

Comments _____

NAME OF APPLICANT: _____

MAILING ADDRESS: _____

PHONE NUMBER: WORK _____ HOME _____

PROPERTY DATA

Site Address: _____

Primary Access Road: _____

Parcel Number: _____ Section: _____

Legal Description (from deed, abstract, or tax statement): _____

Property Dimensions: Width _____ ft Depth _____ ft Total area _____ sq ft/acres

Have there been any variances or Conditional Use Permits granted on this property? Yes No Don't Know

List ALL existing structures and their dimensions, include septic and well locations (attach site plan drawn to scale):

Is property within 1000 feet of public water? Yes No Is property in an airport zone? Yes No

ENVIRONMENTAL DATA

Does your property contain low areas, wetlands, or areas with standing water? Yes No If Yes, do you intend to drain, fill or otherwise alter this area for any reason? Explain _____

Is this property served by Municipal water? Yes No Municipal sewer? Yes No If No, please answer the following: Well data: Depth _____ ft. Depth of casing _____ ft. Size of casing _____ in

Septic Data: Type _____ Year installed _____

RENTAL UNIT INFORMATION

Number of living units: _____

Number of bedrooms in each unit (list each unit separately): _____

Do your renter(s) have pets? If so, what are they? _____

If the renter(s) has pets, the land/property owner is responsible for them

Year building(s) was (were) constructed: _____

Number of parking spaces available on property: _____

Describe your garbage disposal: _____

Do you require a lease? Yes No (if yes, provide a copy)

Are there signs identifying the rentals? Yes No

Date of Electrical inspection (attach a copy): _____

Date of Plumbing inspection (attach a copy): _____

Date of Building inspection (attach a copy): _____

NOTE: This application is considered incomplete if legible copies of the inspections are not attached. If the problems noted in the inspections have been corrected, attach certification thereof.

This property shall not diminish the use and enjoyment of other property and the environment in the immediate vicinity, neighborhood for the purposes already allowed.

This property shall not diminish or impair the property values and the environment in the immediate vicinity or neighborhood and shall not impede the normal and orderly development in the immediate vicinity or neighborhood.

ALL APPLICANTS MUST SIGN BELOW

AGREEMENT: I (We) the undersigned, are the owners and hereby submit the application for the Residential Rental Property Permit described and located as shown herein. I (We) certify that the information contained herein is correct and agree to abide by the provisions of the Bemidji Township Residential Rental Property Ordinance, and State of Minnesota Codes. I (We) further agree that any dimensions/drawings submitted herewith are accurate and shall become part of the application and subsequent approval.

Signature of Owner

Signature of Owner

Date _____

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RETURN THIS APPLICATION & FEES TO:

Bemidji Township
148 Carr Lake Road SE
Bemidji, MN 56601
218-333-3617

OFFICE USE ONLY

1. Are there current special assessments, fees or other charges against the parcel? Yes No
(Reviewed by) _____
If yes, show amount \$_____ Will assessments be paid? Yes No
If not, request **MUST** be considered at the next regular Township Board meeting. Date of meeting _____
2. Potential for Impact on Public Facilities Yes No (Reviewed by _____)
Comments: _____
3. Conforms to Land Use Code Requirements. Yes No (Reviewed by _____)
Comments: _____
4. Will change affect parcel number(s)? Yes No (Reviewed by _____)
Comments: _____

This application has been reviewed and found to meet minimum requirements. Permit will be written and mail to applicant by Bemidji Township.

Date

Bemidji Township Rental Supervisor or Administrator

Residential Rental Inspection Checklist

Exterior Property Areas:

- Sanitation
- Grading and drainage
- Weeds
- Rats and rodents
- Exhaust vents
- Accessory structures-garages,
Fences, walls
- Junk vehicles
- Sidewalks and driveways

Comments: _____

Exterior Structure:

- Decks, porches, exterior stairs, etc.
- Foundation walls
- Exterior walls
- Roofs and Drainage
- Decorative features-fascia, cornices, etc.
- Overhang extensions
- Chimney and towers
- Handrails and guardrails
- Doors and windows
- Operable windows
- Insect screens

Comments: _____

Interior of Structure:

- General
- Structural members
- Interior surfaces
- Lead-based paint
- Stairs and railings
- Handrails and guardrails

Comments: _____

Natural light and ventilation:

- Sources of natural and/or artificial
lighting inhabitable space
- lighting in halls and stairways
- Bathrooms and toilet rooms
- Location of process ventilation

Comments: _____

Check occupancy limitations:

- Access from sleeping rooms
- Area for sleeping purposes
- Water closet accessibility
- Overcrowding
- Minimum ceiling height
- Food preparation

Comments: _____

Plumbing:

- required facilities in dwelling units and
privacy
- General
- Contamination of water, e.g. cross
Connections
- Water heating facilities
- sanitary drainage systems, e.g. leaks,
Cracks

Comments: _____

Heating equipment:

- Venting
- Combustion air
- Air filters
- Fuel source
- Clearances

Comments: _____

Check for removal of rubbish and garbage

Comments: _____

Electrical Service:

- Adequate service
- Proper overcurrent protection
- Sufficient # of receptacles
- Proper wiring
- Correct exit access lighting

Comments: _____

Means of Egress:

- Exit capacity
- Number of exits
- Exit signs
- Dead end travel distance
- Stairways, handrails and guardrails
- Informational Signs
- Locked Doors

Comments: _____

Fire Protection Systems:

- Alarm systems
- Inspection and test records
- Fire extinguishers
- Smoke detectors
- C O Detector

Comments: _____

Fire Resistance Ratings:

- Interior walls and ceilings
- Fire doors
- Egress windows

Comments: _____

Check for accumulation of storage in stairways, fire escapes, and means of Egress:

Comments: _____

Owners Address: _____

Rental Address: _____

Date of Electrical inspection (attach a copy): _____

Date of Plumbing inspection (attach a copy): _____

Date of Building inspection (attach a copy):
