

**APPLICATION FOR SPECIAL USE PERMIT/ HOME OCCUPATION
CITY OF THE VILLAGE OF DOUGLAS PLANNING COMMISSION**

1. Name Cynthia Miller
2. Address 991 Lake St. Unit #2 Saugatuck, MI 49453. PO Box 279
3. Phone Home 616 828-3611 Work 269 354-2064
4. Legal description of property subject of request: _____
Lots 9 and 10, except the North 50.93 feet of Lot 9, Douglas Plat, City of Douglas, Allegan Count
Michigan, according to the plat thereof as recorded in Liber 24 of Plats, Page 51.

Parcel ID: 03-59-100-009-00

Street Address: 50 E Center St, Douglas

(Chicago Title Commitment No. 030697596CML, dated January 22, 2016)

5. Street address of property subject of request 50 Center St. Douglas, MI. 49406
6. Is applicant the owner of the property: Yes X No _____
If No, give name and address of the property owner

7. How is the property presently zoned? C-1
8. If you are requesting approval for a HOME OCCUPATION, please submit with this application the following information:
 - a) The total floor area of the residence Total sq. footage of commercial building is 3105
 - b) The area of the room or rooms of the house to be utilized in the conduct of the home operation. 750 sq ft
 - c) A sketch showing the floor plan and the area to be utilized in the conduct of the home occupation attached
 - d) Describe the nature of the home occupation Commercial building is a Med Spa

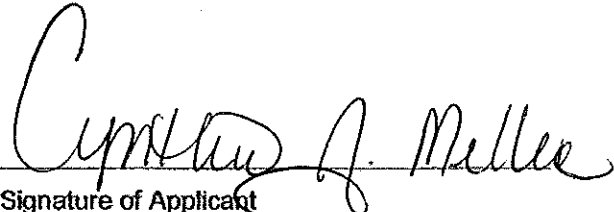
Please note that all home occupations can only be approved subject to the limitations provided in Sec. 14.5 © of the Zoning Ordinance.
9. Unless already described in #8, give a brief description of the SPECIAL USE requested.
Single apartment (2 adults) for short-term rental as AirBnB and VRBO listed destinations

10. Is the SPECIAL USE, which you are requesting, provided for under CHAPTER 25 of the Douglas Village Zoning Ordinance? No planning standards will
be violated.

I certify that I have read and understand Article 25 - Special Use Proceedings of the Zoning Ordinance and that all of the information provided herein is true and accurate to the best of my knowledge, information and belief.

Dated 4/8/2025
4/8/25

Application fee of \$250 _____

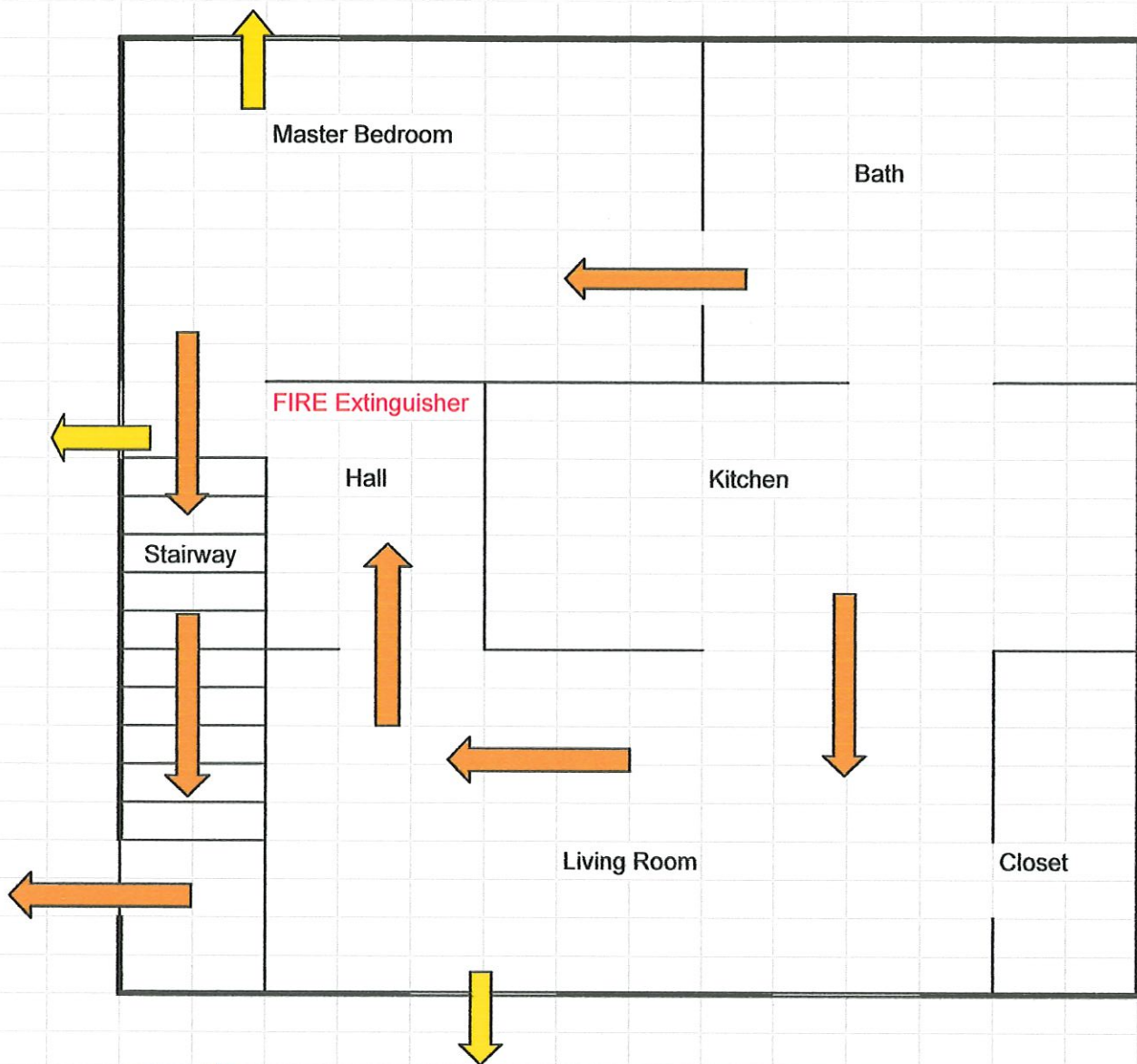

Signature of Applicant

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A SUMMARY OF PLANNING COMMISSION ACTION

1. Date of Public Hearing, if one was held _____
2. Action taken by Planning Commission and date taken _____

3. Application was Denied for following reasons _____



	Primary escape route (down stairway and out door on ground floor)
	Secondary escape route (out second floor window)
	Window

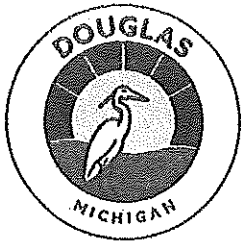
You are located at **50 E. Center St.** Douglas, Michigan

In of emergency- **dial 911**

In case of fire- Ensure all occupants evacuate the building

In case of medical emergency- Know the patients condition

For property related emergencies- Contact Mark (616)915-8414 or Cindy (616)828-3611



pd \$350⁰⁰ on 3/21/25
\$25⁰⁰ on 3/21/25

Short Term Rental Registration Application

Date Received

Application Number:

Steps in the Registration Process

1. Complete this Registration Application.
2. Submit this application with the registration fee of \$350.00 to the Douglas City Clerk. (Certification is valid for 3 years)
3. If failed inspection, a reinspection fee of \$125 will apply
4. The Fire Department will be notified and will contact you (or your agent) to schedule an inspection.
5. The Fire Department will notify the City when the property meets the inspection guidelines.
6. Upon notification from the Fire Department, the City will send the owner or agent a Rental Certificate.

Rental Property Address: 50 E. Center Street

Parcel # 59-900-498-18

PROPERTY OWNER'S MAILING ADDRESS: Name: Cynthia Miller

Address/P.O. Box: PO Box 2832 City: Douglas State: MI Zip: 49453

Email: Cynthia.ballast@gmail.com Cell Phone: 616.828.3611

I hereby authorize that the agent as listed below is authorized to make this application for short-term-rental as my agent and we agree to conform to the all applicable laws and regulations of the City of the Village of Douglas. I additionally grant City of Douglas staff or authorized representatives thereof access to the property to conduct inspections as needed.

Signature: _____

Date: 3/10/2025

Agency/Local Contact Information (if applicable)

Agency Name: N/A

Contact Name: N/A

Complete Mailing Address: N/A

Email: N/A

Phone: N/A

LOCAL EMERGENCY CONTACT PHONE NUMBER/NAME Owner or Mark Miller 616.915.8414

Contact and Other Information:

Who should be contacted to set up the Fire Department inspection?

Owner ☒ Agent ☐

Who is the primary contact for questions from the City?

Owner ☒ Agent ☐

How many off street parking spaces are available for renters? 1

Number of bedrooms 1

Sleeps how many? 2

I have read and understand the City of the Village of Douglas's Single Home Short Term rental ordinance.

Property owner's name (print): Cynthia J. Miller

Property owner's signature: [Signature]

Date signed: 3/19/2025

For Use
By City: Fire Dept.
Notified / /

Fire Dept.
Approved / /

Max Occ
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