City of Traverse City

Office of the City Clerk

GOVERNMENTAL CENTER 400 Boardman Avenue Traverse City, MI 49684 (231) 922-4480 tcclerk@traversecitymi.gov



Dear Applicant:

Enclosed is an Application for an Accessory Dwelling Unit Registration, which must be completed in its entirety prior to submission. Please familiarize yourself and adhere to Traverse City Code of Ordinances Sections 1332.01, 1332.07, 1334.01, 1334.07, 1336.01, 1374.03(d) which can be viewed in their entirety at:

https://library.municode.com/mi/traverse_city/codes/code_of_ordinances?nodeId=PTTHIRTEE NZOCO_TITTWOZOCO.

For new Accessory Dwelling Units, a registration will be required upon the approval and issuance of a Certificate of Occupancy by the Zoning Administrator. Annual renewal applications will be processed accordingly after being filed with the City Clerk's Office with the appropriate fee. Upon review and approval, a formal Accessory Dwelling Unit Registration will be issued.

Please note that all Accessory Dwelling Unit Registrations expire on December 31 of each year.

As a reminder, those holding a Tourist Home License are not eligible for an Accessory Dwelling Unit or registration.

We hope this information is helpful! The City of Traverse City looks forward to working with you to complement the living experience in Traverse City! Should you have any questions, please feel free to contact anyone in the City Clerk's Office at (231) 922-4480.

Most Sincerely,

Benjamin Marentette, MMC City Clerk



City of Traverse City



City of Traverse City Accessory Dwelling Unit (ADU) Registration Renewal

TC Code of Ordinances: 1332.01, 1332.07, 1334.01, 1334.07, 1336.01, 1374.03(d)

Annual License Fee of \$100 Payment can be submitted at 400 Boardman Avenue, or paid over the phone by calling: 231-922-4431.

Owner Name:				
	FIRST	MIDDLE	LAST	
Primary Address:				
ADU Address:				
Owner's address is:		Primary Dwelling Unit	Accessory Dwelling Unit	
Phone :		E-mail address:		
Length of time the ow	ner has li	ved in this residence:		

Please initial next to each statement below as acknowledgment of, and adherence to it.

- _____ I agree to lease my unit for at least three months to a given party, and to provide a copy of the tenant lease if requested by the City of Traverse City which demonstrates a minimum three month time period for rental of the unit.
- At least one owner of record shall occupy either the primary dwelling unit or the Accessory Dwelling Unit. The owner-occupant shall meet the requirements for a principal residency tax exemption. If unsure, please call the City Assessor's Office at 231-922-4450.
- I **do not** operate or maintain a Tourist Home at either residence addressed above.
- _____ The ADU has not been modified or changed since the issuance of a Land Use Permit without prior approval by the Zoning Administrator. *If unsure, please call the Zoning Administrator at 231-922-4464.*

The undersigned declares and says he/she wishes to be permitted to perform the operation, service, or act stated hereon and that the statements made above are true and correct to the best of his/her knowledge and belief. Further says that he/she will comply with all provisions of the ordinances of the City of Traverse City and the laws of the state of Michigan relative to the operation, service, or act for which this license is required during the period the license is in effect. And further agrees to hold the City of Traverse City for any legal liability that may be adjusted against it and to reimburse the City of Traverse City for all expenses of litigation in connection with the defense of claims as such liability and claims may arise because of negligence in the performance of the operation, service, or act for which the license was issued. Further acknowledges that he/she has received a copy of the rules and regulations.

The applicant acknowledges that the City may be required from time to time to release records in its possession. The applicant hereby gives permission to the City to release any records or materials received by the City from the applicant as it may be requested to do so as permitted by the Freedom of Information Act, MCL 15.231 et seq.

Signature: _____

Date: