
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=PTTHIRTEENZOCTITWOZOCO.

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 compliment 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 or contact Administrative Specialist Katy Garavaglia at kgaravaglia@traversecitymi.gov.

Most Sincerely,

A handwritten signature in blue ink, appearing to read "Benjamin Marentette".

Benjamin Marentette, MMC
City Clerk

City of Traverse City
Application for Accessory Dwelling Unit Registration

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



_____ Annual License Fee of \$100

Applicant's Name: _____
 First Middle Last

Applicant's Address: _____

Is this address the _____ Primary Dwelling or the _____ Accessory Dwelling Unit?

Indicate additional address on the parcel: _____

Phone No: _____ E-mail address: _____

Length of time the Applicant has lived in this residence: _____

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

_____ I do not operate or maintain a Tourist Home at either of the residences addressed above.

_____ The Accessory Dwelling Unit meets the requirements set forth of the Traverse City Code of Ordinances.

_____ I have been issued a Land Use Permit and Certificate of Occupancy by the Zoning Administrator for my Accessory Dwelling Unit.

_____ The Accessory Dwelling Unit has not been modified or changed since the issuance of a Land Use Permit without prior approval by the Zoning Administrator.

_____ I agree to lease my unit for at least three months to a given party and to provide a copy of the tenant lease to the City of Traverse City if requested which demonstrates a minimum three month time period for rental of the unit.

_____ I agree to maintain one parking space per dwelling on my parcel.

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 free and harmless from all liability which may be imposed upon it, to reimburse 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.

Date: _____

Applicant Signature