

**CORINNA TOWNSHIP, WRIGHT COUNTY, MINNESOTA  
REGISTRATION OF VACATION RENTAL USE  
AND LOCAL CONTACT/PROPERTY MANAGER INFORMATION**

**1) Please identify your vacation rental property:**

Parcel ID: \_\_\_\_\_ Physical Address: \_\_\_\_\_

Name of Property Owner: \_\_\_\_\_

Name of Nearest Lake (if lake is within 1000 feet of your property): \_\_\_\_\_

**2) Please list the local contact person/property manager for your property. The person must meet the following qualifications:**

- (a) Is available 24 hours/day, 7 days per week.
- (b) Can respond by phone within 30 minutes and in-person within 60 minutes of notification.
- (c) Has administrative authority over the property and guests.
- (d) Has knowledge of the vacation rental unit, the property, rental and Township rules, standards, and procedures.

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

**3) Please identify the total number of bedrooms in your vacation rental, based on the following definition:**

*Bedroom - a part of the inside of a private/vacation home that is divided from other areas by walls and a doorway and that has its own floor and ceiling that is furnished primarily as sleeping quarters, containing a bed or furniture that can convert to a bed, and having more than one egress.*

\_\_\_\_\_

**4) Please identify the maximum number of overnight guests (over the age of 5) that you allow in your vacation rental:**

\_\_\_\_\_

**5) Please list which items have been completed, as required by the Corinna Township Land Use Ordinance:**

- YES \_\_\_\_\_ NO \_\_\_\_\_ I have provided the above local contact/property manager contact information in writing to each of those property owners adjacent to the vacation rental property (you may notify those further away too).
- YES \_\_\_\_\_ NO \_\_\_\_\_ So as to prevent my guests trespassing on nearby properties, I have physically marked the location of my property line with signs, a fence, vegetation, landscaping or another method approved by the Township.
- YES \_\_\_\_\_ NO \_\_\_\_\_ I understand that the use of RVs, tents, fish-houses, campers or others similar structures to increase the overnight guest capacity is not allowed.

- YES \_\_\_\_\_ NO \_\_\_\_\_ The maximum permitted overnight guest occupancy is included on all advertisements or web-based reservation service pages of my vacation rental. (Web Link: \_\_\_\_\_)
- YES \_\_\_\_\_ NO \_\_\_\_\_ My vacation rental is connected to a compliant subsurface septic treatment system.
- YES \_\_\_\_\_ NO \_\_\_\_\_ I have a valid operating permit for my subsurface septic treatment system.
- YES \_\_\_\_\_ NO \_\_\_\_\_ I have the septic tank pumped annually and have already submitted pumping records for the preceding year by December 31 or have enclosed them with this form.
- YES \_\_\_\_\_ NO \_\_\_\_\_ I will provide sufficient off-street parking on my site for my guests  
(NOTE: If you will be constructing additional off-street parking area, you are subject to limitations on impervious coverage.)
- YES \_\_\_\_\_ NO \_\_\_\_\_ I have instructed my guests that they cannot obstruct public roads or right-of-way.

**I have posted the following inside the rental unit in a prominent location so as to be easily visible and read by the guests:**

- YES \_\_\_\_\_ NO \_\_\_\_\_ The full name and phone number of the owner or operator
- YES \_\_\_\_\_ NO \_\_\_\_\_ The full name and phone number of the local contact person or local management agent
- YES \_\_\_\_\_ NO \_\_\_\_\_ Local emergency contact information (police, fire, ambulance, septic maintainer)
- YES \_\_\_\_\_ NO \_\_\_\_\_ Aerial image of the property clearly showing property boundaries, parking areas, shore recreational facilities, garbage receptacles, septic treatment system.
- YES \_\_\_\_\_ NO \_\_\_\_\_ The maximum number of overnight guests allowed in the rental unit.
- YES \_\_\_\_\_ NO \_\_\_\_\_ The maximum number of parking spaces.
- YES \_\_\_\_\_ NO \_\_\_\_\_ Any applicable county or township ordinances governing noise, parking, pets, lakes (AIS laws, water surface zoning), or other applicable regulations.
- YES \_\_\_\_\_ NO \_\_\_\_\_ Information identifying the type of materials that should not be flushed down toilets or minimized in drains so as to preserve the functionality of the septic system.
- YES \_\_\_\_\_ NO \_\_\_\_\_ Any other information or specific handouts as provided by the Township.

Print name of person filling out this form: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_