

SHORT TERM RENTAL REGISTRATION FORM

**SPRING LAKE TOWNSHIP
COMMUNITY DEVELOPMENT DEPARTMENT
101 S. BUCHANAN STREET, SPRING LAKE, MICHIGAN 49456**

Please complete one application for each rental unit.

Rental Dwelling Unit Address: _____

Zoning District: _____

Property Owner: _____

Owner's Address: _____

Owner's Phone: _____

Owner's E-mail: _____

Number of dwelling units on the property: _____

Number of bedrooms: _____

Maximum number of occupants permitted: _____

(Building department staff is available to assist with this calculation. NOTE: There is a maximum of 12 people for any short term rental in Spring Lake Township)

Length of typical anticipated rental period per reservation: _____ days.

Number of off-street parking spaces available on the property: _____

A contact person is required if the above identified owner is not capable of being physically present at the dwelling within 3 hours (to address any issues).

Agent's Name (If other than owner): _____

Contact person's Phone: _____

Contact person's Address: _____

Contact person's E-mail: _____

AFFIDAVIT

The signer(s) of this form does hereby state, warrant, certify and affirm the following:

- 1) All of the information on the attached registration form is accurate.
- 2) The property owner and/or property manager has read and agrees to comply with the Spring Lake Township Short Term Rental Ordinance.
- 3) Properties within 500 feet of the dwelling have been notified that the subject property is a short term rental and contact information has been provided to the owner of said properties.
- 4) Home is in safe condition and in compliance with the 2015 Property Maintenance Code, as applicable.
- 5) All rooms have operational smoke detectors.

OWNER'S SIGNATURE: _____ **DATE:** _____

FEE: \$25.00

By signing above, the owner/agent of the dwelling unit certifies that the above statements are true. Statements found to be falsified on this application and affidavit will be grounds to revoke the rental permit.

NOTICE: The issuance of a certificate of registration shall in no way impact the zoning of the subject property, and shall not prevent the Township from enforcing Zoning Ordinance regulations and limitations on said property, or any other applicable code of the Township.

For Office Use Only

Date Application Filed: _____

Application Fee Amount: _____ Date Paid: _____

Property Inspection Date: _____ By: _____

Zoning District: _____

Approved By: _____ Date: _____