



Annual Rental Application Form

Revised: 10-25-23

| Rental Type | Application Fee |
|---------------------------|--|
| Long-Term Rental | \$150/Building or First Unit + \$25/Additional Dwelling Unit |
| Short-Term Rental | \$500/Unit |
| Limited Short-Term Rental | \$0 |

Rental Application and information are required **ANNUALLY** – based upon the certificate expiration month.

I. Rental Property Information

Building Address (Multi-family use lowest address number): _____

Parcel No: _____ Number of Dwelling Units: _____

This is, for the address above, a(n):

- Initial Registration Application
 Annual Renewal Application – Date of Current Registration _____
 Check box if there are NO CHANGES from the previous year/application.

Duration of Rental (check one):

- Short-Term Rental (STR)
 - The rental or subletting of any dwelling for a term of less than 28 days.
 - Shall be located within the Short-Term Rental Overlay Zone. Limited Short-Term Rental (LSTR): Yes, property has a principle residence exemption (aka PRE)
 Rental period 1 start date _____ Rental period 1 end date _____
 Rental period 2 start date _____ Rental period 2 end date _____
 - The Rental or subletting of any Dwelling with a principle residence exemption, (aka PRE) for any one or two Rental periods of **at least six but not more than 14 days**, not to exceed 14 days total in a calendar year. Long-Term Rental (LTR)
 - The Rental or subletting of any Dwelling for a term of at least 28 days.

Dwelling Unit Category (check one):

- Single Family
 Duplex/Triplex/Quadplex
 Multi-Family (Apartment)

II. Owner Information

Name of Owner: _____

Name of Corp, Trust, LLC, etc.: _____

Address: _____ City/State/Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Driver's License Number: _____ State: _____ Date of Birth: _____

You MUST attach a copy of your VALID driver's license if you live in one of the multi-family units.

PLEASE COMPLETE OTHER SIDE

III. Responsible Party Information (if Different from Owner)

Required to be available 24/7 to accept calls; must have key and capable of being physically present at the Dwelling within one hour.

Responsible Party/Local Agent's Name: _____

Address: _____ City/State/Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Driver's License Number: _____ State: _____ Date of Birth: _____

Responsible Parties Signature: _____ Date: _____

IV. Required Submittal Information **(REQUIRED: A-F for LSTR's/STR's; A-D for LTR's.):**

The information below shall be provided/attached to the application.

| | |
|--------------------------|---|
| Required for ALL RENTALS | A. Insurance Information The Owner of a Rental Unit shall provide the Township satisfactory proof of continuing commercial insurance coverage of at least \$1,000,000 and dwelling fire insurance coverage of at least \$10,000. Insurance Company Name: _____ Policy Number: _____ Expiration Date: _____ I agree that I will maintain the required amount of dwelling fire insurance for the duration of the rental. Owner Signature: _____ Date: _____ |
| | B. Bedroom Information Bedroom #1 – Location: _____ Size _____ sqft Bedroom #2 – Location: _____ Size _____ sqft Bedroom #3 – Location: _____ Size _____ sqft Bedroom #4 – Location: _____ Size _____ sqft <i>Attach additional pages as needed. Multi-family apartment buildings, provide information per apartment dwelling.</i> |
| | C. Parking Information: On a separate page, provide a parking site plan showing the location and composition of surface material (i.e., gravel, asphalt, etc.) of proposed rental parking. |
| | D. Mechanical Safety Inspection: Approval documentation for a Mechanical Safety Inspection. |
| Not Required for LTR | E. Public Utilities: Proof of public water and sewer service or approval by the Ottawa County Department of Public Health for use as or with a Short-Term Rental. |
| | F. Address of Homes within 300' that you provided short-term rental information: _____ _____ _____ <i>Attach additional pages as needed.</i> |

Affidavit

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

1. All the information on the Annual Rental Registration Form and attached documents is accurate.
2. The property owner and/or property manager has read and agrees to comply with the Grand Haven Charter Township Zoning Ordinance and Ordinance 605, Rental Guidelines and conform with the guidelines in the 2021 International Property Maintenance Code.
3. I understand Ordinance 605 requires periodic inspection of rental properties and payment of all fees.

By signing below, 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.

Owner Signature: _____ Date: _____



GRAND HAVEN CHARTER TOWNSHIP

Annual Rental Application Fees Worksheet

Revised: 8-8-23

Rental Property Information

Building Address (Multi-family use lowest address number): _____
 Parcel No: _____ Number of Dwelling Units: _____

Annual Application Fees

| | Cost | Quantity | Total |
|---|------------------------|----------|-------|
| Long-Term Rental (per building) Base Fee | \$150 | | |
| <ul style="list-style-type: none"> Additional Fee per Unit – Multi-Family (Duplex, Triplex, Quadplex, Apartment, etc.) | \$25 | | |
| Short-Term Rental | \$500 | | |
| Limited Short-Term Rental | \$0 | | |
| Late Application Fee | 50% of Application Fee | | |
| Total | | | |

Grand Haven Charter Township Use Only

| Document | Required | | Approved | Date | By |
|--|----------|----|----------|------|----|
| Proof of Ownership | Yes | No | | | |
| Parking Site Plan | Yes | No | | | |
| Proof of Insurance | Yes | No | | | |
| Mechanical Safety Inspection | Yes | No | | | |
| Water Supply (Public/OCDPH Approved) | Yes | No | | | |
| Septic or Sewer (Public/OCDPH Approved) | Yes | No | | | |
| <i>Not required for Long-Term Rental</i> | | | | | |

| Inspection Fees | Cost | Quantity | Total |
|----------------------------|------------------------|----------|-------|
| Initial Inspection | \$0 | | |
| First Re-Inspection | \$50 | | |
| Second Re-Inspection | \$100 | | |
| Third Re-Inspection | \$150 | | |
| Attorney Warning Letter | \$600 | | |
| Complaint Based Inspection | \$50 | | |
| Late Unpaid Inspection Fee | 50% of Application Fee | | |
| Total | | | |

Documentation of Dates

Date Application Filed: _____
 Annual Fee Amount: _____ Date Paid: _____
 Property Inspection Date: _____ Date Paid: _____
 Approved By: _____ Date: _____