

CHIKAMING TOWNSHIP RENTAL PROGRAM

PERMIT APPLICATION PACKET

APPLICANT CHECK LIST

- Rental permit application and affidavit are completed.
- A copy of the owner's government issued picture ID is included.
- A floor plan of the rental unit is included. (room layout, door locations, electrical box, utility shutoffs etc.)
- Payment including any late fees (for renewals) is included.
- If you recently purchased the property, please include documentation of ownership. (Only needed if the change in ownership has not been updated in Berrien County GIS. If you are unsure you can check at <https://beacon.schneidercorp.com/> Select Michigan and then Berrien County. Then search for your address. If the owner's information is correct no additional documentation is needed.)

REQUIRED ON PREMISES DOCUMENTS

1. Property address must be posted in a prominent location in the rental units primary kitchen
2. Emergency contact information is posted (inside property for the renter) must contain at minimum a 24/7 contact number for the property owner or local agent, and the Berrien County non-emergency dispeatch number. 1-866-630-7679
3. Chikaming Township's Good Neighbor policy
4. Chikaming Township's Noise and Nuisance ordiance (131). Quiet hours are between 10pm and 7am.

Occupancy

Each rental unit's Maximum occupancy will be based off the International Property Maintenance codes formula in Section 404. The main factor used will be the square footage of each bedroom. Bedrooms must be a minimum of 70sq ft. Every 50sq ft Gives you an occupancy of 1. So a 100sq foot bedroom gives you an occupancy of 2. The maximum occupancy is the combined total of the bedrooms.

If you have any additional questions, please check the Chikaming Township Rental Program Information page, under the rental tab at www.chikamingtownship.org

CHIKAMING TOWNSHIP

13535 Red Arrow Hwy. P.O. Box 40 Harbert, MI 49115
 ph: 269-469-1676 fax: 269-469-4416 www.chikamingtownship.org



Annual Rental Application Form

Rental Type	Application Fee
Short-Term Rental (Initial and renewal)	\$200
Late Short-term Rental Renewal	\$300 (late fee included)
Long-Term Rental	Contact office

Rental Application and information are required **ANNUALLY**—Renewals due by February 1st. Please include a copy of property owners Government issue ID and a floor plan of the rental property. Including utilities, electrical panel and doorways.

I. RENTAL PROPERTY INFORMATION

Building Address: _____

Parcel No: 11-07- _____ (Required)

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

- Initial Registration Application
- Annual Renewal Application. Current permit/license number: _____

Late fee will be added to any RENEWAL received after February 1st.

Type of Rental

- Long-Term Rental** -The rental of any dwelling for a term of at least 31-days, A copy of the rental agreement may be requested if you are seeking a long-term rental permit.
- Short-Term Rental** -The rental of any Dwelling for a term of less than 30days. Also known as vacation rental.

___ Single Family	___ Multi Unit	___ Room(s) only
___ Number of structures on the property	___ Number of Bathrooms	___ Parking Spaces on property (Zoning ordinance requires 1.3 off street spaces per bedroom)
___ Max occupancy requesting.	___ Number of Bedrooms	___ Number of bedrooms in basement

BEDROOM INFORMATION

Bedroom #1 Location _____ sq ft. _____	Bedroom #2 Location _____ sq ft. _____
Bedroom #3 Location _____ sq ft. _____	Bedroom #4 Location _____ sq ft. _____
Bedroom #5 Location _____ sq ft. _____	Bedroom #6 Location _____ sq ft. _____
Bedroom #7 Location _____ sq ft. _____	Bedroom #8 Location _____ sq ft. _____

II. OWNER INFORMATION

Name of Owner (Primary): _____

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

IF THIS IS FOR A TRUST OR LLC, PLEASE INCLUDE TITLE OF RESPONSIBLE PERSON: _____

Address: _____ City/State/Zip _____

Mailing address (if different than above): _____

Home Phone: _____ Cell Phone: _____

Email: _____

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

III. RESPONSIBLE PARTY INFORMATION (if different from owner)

Responsible Party/Local Agent's Name: _____

Address: _____ City/State/Zip _____

Home Phone: _____ Cell Phone: _____

Email: _____

IV. 24/7 Contact Number

24/7 Contact phone number: _____ Name of contact: _____

This number will be made available online.

V. Required Information.

- 1. I have read and understand Chikaming Township's Noise and Nuisance ordinance (Ordinance 131)
- 2. I have read and understand Chikaming Township's Zoning ordinance.
- 3. I have read and understand Chikaming Township's Rental ordinance.
- 4. I understand that Chikaming Township's rental ordinance provides for the periodic inspections of rental properties and agree to make the property available for inspection within six (6) business days of a request for inspection from the Township.
- 5. I understand that all rental fees are non-refundable and non-transferable.
- 6. I understand that in addition to the listed fines and fees, the property owner may be responsible for a municipal civil infraction up to \$500 for any violation of the rental ordinance.
- 7. I understand that my rental license may be revoked for a period of 1 year if there are at least separate violations of A) ordinance 156 B) Chikaming Township's Zoning Ordinance or C) Ordinance 131.

Owners Signature: _____ Date: _____

Agent/Responsible Partys Signature: _____ Date: _____

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

Incomplete applications, including applications sent in without the required documents, will not be processed, and may result in a delay in the issuance of your permit.

CHIKAMING TOWNSHIP RENTAL UNIT AFFIDAVIT

Property Address: _____ City: _____

By initialing and signing below, the owner/agent of the rental unit certifies that the below statements are true. Statements found to be falsified on this affidavit will be grounds to revoke the rental registration and subject to applicable fines.

	I have read and understand the rental ordinance and requirements.
	The above property is in compliance with Chikaming Township’s zoning ordinance.
	The above property is maintained to the 2021 International property code (2021 edition)
	There is no peeling paint, exposed electrical wiring, missing electrical covers.
	I understand that I cannot place any signs in the road right-of-way. (you may place a sign on your property to advertise for 90 days per calendar year (zoning ordinance))
	I understand that if there is a pool on the property it requires a fence around it.
	The above property does not have any open, expired, or uninspected building permits. These can be cleared up with the Township’s building department but may delay the issuance of the Rental Permit.
	I understand that if any unpermitted work was done, I may be fined, and the rental permit may be suspended until all required building inspections have been passed.
	I will make all renters aware of the Township’s Noise and Nuisance ordinance (131)
	There is sufficient commercial trash service to handle the renters without overflow.
	I understand that the trash containers may only be left out from 7pm the night before picking up, until 7pm the night of pick up
	The above property has a properly charged 2A:10BC (or larger) fire extinguisher mounted in the kitchen
	There are working smoke alarms in every bedroom, in the area outside each bedroom, in utility room, and at least one on every level including the basement.
	All accessory structures on the property are in good repair.
	Units address posted in prominent location in primary kitchen.
	All documents required to be posted are posted at the property.
	I have submitted a copy of the property owners Government issued picture ID with this rental affidavit.
	I have included a floor plan of the rental unit, with bedrooms, exits, electrical panel and utility shut offs labeled.
	Non-emergency dispatch number and 24/7 contact number (owner, agent, or designee) are posted in the rental unit
	All sleeping areas have an approved emergency egress

Printed Name: _____ Title: _____

Signature: _____ Date: _____

OFFICE USE ONLY

DATE RECEIVED:	NEW _____	RENEWAL _____	PERMIT TYPE:	
PERMIT FEE:	FINES:		LATE FEE:	TOTAL DUE
INVOICE/TRK#	INVOICE/TRK#		INVOICE/TRK#	CHECK #
Rental inspection required?			Owner info match records, or proof of ownership provided: _____	
Occupancy asked for:			Max occupancy based on application:	
APPROVED: _____	DATE: 1/15 of _____	NEW PERMIT #: _____	DENIED: _____ REASON BELOW	DATE: _____

Required Documents

- Copy of Government issued picture ID for property owner.**
 - Signed Rental Affidavit**
 - Signed rental registration**
 - Floor plan of rental unit**
 - Proof of ownership (if new owner within the last year)**
 - Proof of lease -if long term rental.**
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