

Short-Term Rental Registration 2018 7104 107th Ave., South Haven, MI 49090 Phone: 269-637-4441; Fax: 269-639-1991

City/State/Zip:	
Parcel#:	
Property Owner Name:	
Owner Address:	
City/State/Zip:	
Phone:	Alt Phone:
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AFFIDAVIT

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

- Each dwelling unit will have an operating smoke detector in each bedroom and an operating carbon monoxide detector on each floor. These appliances will be maintained every ninety (90) days at a minimum.
- 2) The dwelling has a SHAES Street Number Marker installed by South Haven Area Emergency Services
- 3) I have liability coverage for the property (\$1,000,000 required)
- 4) I have provided a copy of the lease used to lease the dwelling with this registration form
- 5) If the dwelling is not serviced by public sewer, I will have a "Hook to Existing Inspection" by the Allegan County Health Dept. and provide a certificate showing a successful outcome, before it is renter occupied.
- 6) I consent to inspections of the dwelling unit by the township and will make the dwelling unit available for inspections upon request.
- 7) A copy of the township's *Good Neighbor Policy* and the *Short Term Regulatory Ordinance* will be provided to all renters
- 8) This registration form is accurate and complete.

Owner's Signature: _____

Date: _____

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.