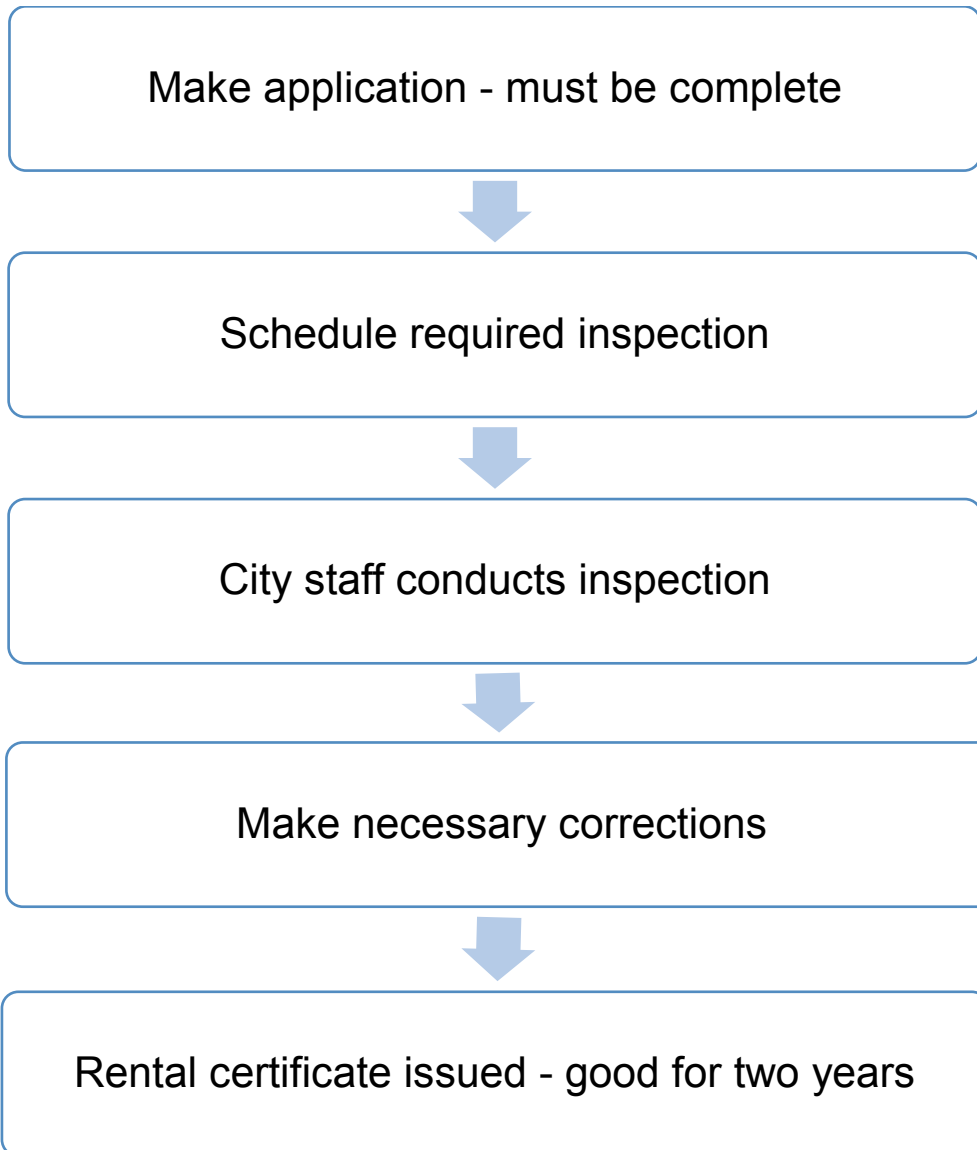




CITY OF ST. JOSEPH
INSPECTION DEPARTMENT
700 Broad Street
St. Joseph, MI 49085
Phone (269)983-1212
Fax (269) 985-0347
www.sjcity.com

Rental Registration (minimum one month lease)

Process, Instructions and Application*



*See attached detailed directions for all steps involved.



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Process, Instructions and Application

1. **Submission of Application.** If determined to be an allowed use, complete the application with all required documents and submit to the Inspection Department.
2. **Acceptance of Application.** Staff reviews the application and supplemental information for completeness prior to formally accepting the application. All fees must be paid at this time.
3. **Application is Formally Accepted.** Staff forwards the accepted application packet to the Community Development Director for review and approval.
4. **Rental Inspection Scheduled.** The Inspection Department schedules a specific date and time for the biennial inspection to occur.
5. **Inspection.** Either staff from the Public Safety Department or Inspection Department will meet the owner or representative on-site at the designated date and time. The interior and exterior of the building will be inspected per the adopted 2015 Michigan Property Maintenance Code and the requirements of the City of St. Joseph Code of Ordinances. At the end of the inspection, the owner or representative will know if the property passed or failed.
6. **Correction Notice Issued.** If the property does not pass the inspection, a notice of correction will be issued. All necessary permits must be applied for, issued and inspected prior to a Short-Term Rental Certificate being issued.
7. **Rental Certificate Issued.** Once all outstanding issues have been satisfactorily addressed, the Inspection Department issues the Rental Certificate which is good for two (2) years. If the property is sold or anything changes, the application must be updated within ten (10) days of the closing or changes made.



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RENTAL REGISTRATION FORM

Minimum One Month Lease

Please print legibly. All portions must be completed. Do not leave any section blank, use N/A. Incomplete forms will be returned. Please allow one week for processing.

New Registration: _____ Change of Owner: _____ Update Information: _____

Property Information

Property Address: _____ Unit Number: _____

Property Code Number (Tax Number): 11-76- _____

Type of Property (pick only one):

Single-Family Residence _____

2-Unit Building _____

Condominium Unit _____

Other _____

Apartment Complex _____ Number of buildings _____ Number of dwelling units _____

Do you permanently reside in one of the dwellings units: Yes _____ No _____

Unit Information (one form must be completed for each unit in a building)

Unit Number: _____

Total Number of Units in Building: _____

Number of Bedrooms in Unit: _____

Number of Parking Spaces for Unit: _____

Dimensions of Each Bedroom: (example: 10'1" x 13'3")

Bedroom #1: _____

Bedroom #2: _____

Bedroom #3: _____

Bedroom #4: _____

Owner Information

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Emergency Number: _____

E-mail: _____

Rental Registration Form, continued

Property Address: _____

Unit Number: _____

Local Agent Information (see attached form)

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Emergency Number: _____

E-mail: _____

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

1. The information supplied to the City of St. Joseph on this document is true to the best of my knowledge;
2. I understand and agree that all applicable fees must be paid and the unit pass inspection biennially to continue renting this property;
3. I consent to inspections of the dwelling unit by the city and will make the dwelling unit(s) available for inspection upon request;
4. I understand the fee schedule adopted December 10, 2018 and effective January 1, 2019 includes the following:

| | |
|---|--|
| a. Registration Fee: | \$30 per owner/structure; |
| b. Initial and biennial inspection fees: | \$60 for the first unit and \$30 for each additional unit on the property; |
| c. Missed inspection fee: | \$60 per appointment; |
| d. Failure to return affidavit by deadline: | \$50 per unit; |
| e. Renewal of Expired Rental Certificate <30 days: | \$50 + re-registration fee; |
| f. Renewal of Expired Rental Certificate 31 -60 days: | \$100 + re-registration fee; |
5. I understand that expired Rental Certificates of more than 61 days will result in issuance of a Civil citation if found to be operating and/or advertising without a valid certificate. The first offense is \$1,000 first offense, and \$2,500 each additional offense and possible revocation; and
6. I understand that the rental unit is not considered a Short-Term Rental and **WILL NOT** be rented, advertised for rent or sub-let for a period of less than **ONE MONTH**.

Signature of Owner or Agent: _____ **Date:** _____

For Official City Use Only Date Received: _____

Zoning District: _____ Total number of occupants allowed: _____

Date of 1st Inspection: _____ Permit Number: _____

Fees: \$30.00 registration fee per building + \$60 biennial inspection fee for first unit and + \$30 for each additional unit. All fees are non-refundable.

Total Due: _____ Check Number: _____



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Local Agent Designation and Authorization

Please print legibly

Rental Property Information

Property Address: _____ Unit Number: _____

Property Code Number (Tax Number): 11-76-_____

Owner Information

Name: _____

Local Agent Information

If the Local Agent is handling properties approved for Short-Term Rental, the Local Agent must have an address in any of the following: Cities of Benton Harbor, Coloma or St. Joseph; the Townships of Benton, Coloma, Hagar, Lincoln, Royalton, Sodus, or St. Joseph; or the Villages of Shoreham or Stevensville.

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Emergency Number: _____

E-mail: _____

I designate and authorize the Local Agent named above to act on my behalf with regard to all duties imposed upon me by the City of St. Joseph's ordinances and rules regulating the Rental unit identified above, including accepting service of notices, process or other legal documents issued by the City in such matters. I also agree to that I will notify the City and the Local Agent, in writing, should I ever revoke this appointment, and no such revocation shall be effective until received by the City.

Owner's signature

Date

I accept the designation and authority noted above, I certify that the contact information is correct, and I agree that I will notify the Owner and the City in writing in the event of any changes in that information or if I am no longer serving as Local Agent for this Short Rental unit.

Local Agent's signature

Date