



PORT SHELDON TOWNSHIP

16201 Port Sheldon Street, West Olive, MI 49460
Telephone 616-399-6121 Fax 616-399-7173
www.portsheldontwp.org STR@portsheldontwp.org

SHORT-TERM RENTAL REGISTRATION FORM

Ordinance Adopted: March 1, 2024

Initial Registration: \$350.00/Annual Registration: \$150.00 due by January 1st of upcoming year

Short-Term Rental (STR) Information:

Street address of STR: _____

Parcel No: _____

Approximate Date (MM/YY) Short-Term Rental Use Began: _____

Estimated number of days rented per year: _____

Location of Advertisement (Airbnb, VRBO, etc.): _____

Owner Information:

Name: _____

Name of LLC, Trust or Similar (if applicable): _____

Street Address of Personal Residence: _____

Email Address: _____

Phone Number: _____

Additional owners, mailing addresses or other information: _____

Property Management or Local Agent Information (if applicable):

(Owner or local agent must live within 30 minutes of property & be available 24 hours a day to respond to complaints.)

Business name of Property Management Company: _____

Name of Local Agent or Contact person: _____

Business or Mailing Address: _____

Email Address: _____

Business Phone Number: _____

Cell Phone Number: _____

Township Use Only

Date Application Filed: _____

Property Summary Filed: _____

Annual Fee amount: _____ Date Paid: _____

Property Inspection Dates: _____

Approved by: _____ Date: _____



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Required Submittal Information

1. Bedroom Information

Bedroom 1 –Size _____sq/ft

Bedroom 2 –Size _____sq/ft

Bedroom 3 –Size _____sq/ft

Bedroom 4 –Size _____sq/ft

Bedroom 5 –Size _____sq/ft

Sleeper Sofa 1 – Location/Description: _____

Sleeper Sofa 2 – Location/Description: _____

Attach additional pages as needed

Bedroom occupancy: calculate square footage of each bedroom to determine occupancy then add sleeper sofas, if applicable.

Total Occupancy based on room sizes: _____

Square footage of bedroom	Occupancy
70	1
120	2
170	3
220	4
270	5
320	6
Sleeper sofa (max 2)	2

2. Parking Information

Total number of "Off-Street" parking spaces dedicated to the rental: _____

Total Occupancy based on off-site parking spaces: _____

Provide a parking site plan with the property site plan on the next page showing the location and composition of surface material of rental parking.

Parking spaces	Occupancy
Min 2 off street spaces	6
3	9
4	12
5	15
6	Max occupancy 16

3. Total Allowed Occupancy will be the lesser of Room size or Parking Occupancy. Maximum Occupancy is 16.

Total Occupancy: _____

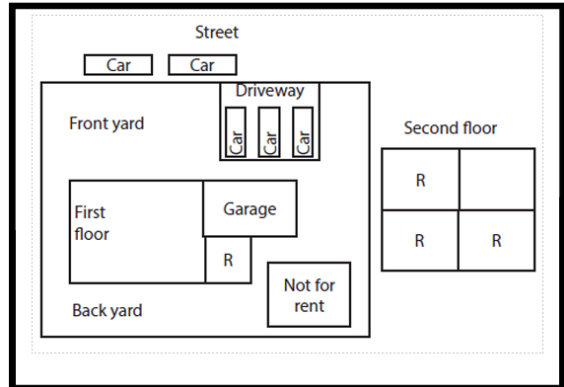


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Required Submittal Information cont'd

4. Submit a drawing or drafted floorplan detailing the full interior of the property and which room(s) or spaces are available for rent designated with an "R". (*or attach additional pages as needed*) *see example





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Certification Statement

I hereby state, warrant, certify and affirm the above statements, information included on the Rental Registration form, and attached documents is accurate. I, as the property owner have **read** and **agree to comply** with the Port Sheldon Township Zoning Ordinance and Ordinance 2024-01. By signing below, I, the property owner consent to inspections by the Township and will make the dwelling unit available to inspections upon request.

Signature: _____ Date: _____
(Owner's Signature)