



# 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 1<sup>st</sup> 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-street 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:** \_\_\_\_\_

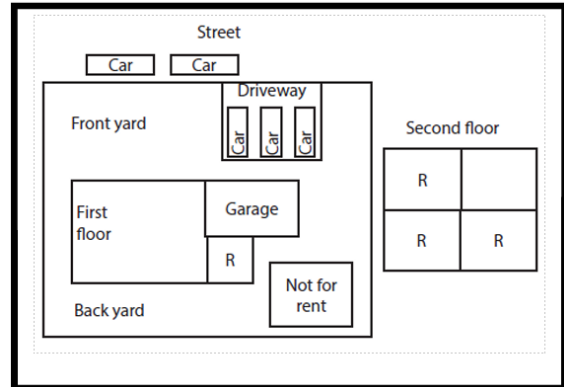


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## Required Submittal Information cont'd

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)