



CHASSELL TOWNSHIP
41950 Willson Memorial Dr
Chassell, MI 49916
(906) 523-4000

Parcel/Property ID: _____

RENTAL PROPERTY REGISTRATION

RENTAL PROPERTY OWNER INFORMATION			
PROPERTY ADDRESS			
PROPERTY OWNER/S			
OWNER'S ADDRESS			
CONTACT NUMBER/S			
E-MAIL ADDRESS			
Property owner grants permission for the <u>Local Alternate Contact</u> to act on the owner's behalf for this property.			
Owner's Signature		Date	

PROPERTY INFORMATION			
RENTAL TYPE	Single Family Residence _____	Multi-Family Residence _____	If Multi-Family, # Of Units _____
DURATION	Short Term Rental _____ Less than 30 days	Long Term Rental _____	Both Short & Long Term _____
SINGLE FAMILY RESIDENCE ONLY - OWNER OCCUPIED			
Owner lives at rental address year round _____		Owner lives a rental address part time (seasonal) _____	
Owner does not live at rental address _____		Owner uses property at unspecified times (vacation) _____	
LOCAL ALTERNATE CONTACT INFORMATION			
NAME		E-MAIL ADDRESS	
ADDRESS			
CONTACT NUMBERS			

IF CONTACT IS REQUIRED	CONTACT OWNER FIRST ____ CONTACT ALTERNATE FIRST ____
Note: The alternate contact cannot be the property owner/s and must live within 25 miles of the Township's boundaries.	

RENTAL PROPERTY REGISTRATION CONDITIONS	
1. I certify the requested rental does not violate any deed restrictions attached to the property involved in the request. 2. I understand the rental property shall meet the standards defined in the Township Zoning Ordinance. 3. I certify that the proposed rental is compliant with all other applicable federal, state, and local statutes, regulations and ordinances. 4. I understand I must maintain a current list of the rental occupants. Upon request by police, fire, emergency or other government personnel, I understand I am required to present the list of occupants to the requesting agency. 5. I have reviewed the Township Zoning Ordinance and Rental Registration and agree to comply. 6. I understand that the Township must be notified when the rental ceases to operate: otherwise, the property will be considered in rental status.	
OWNER / AGENT SIGNATURE DATE	
NAME (print)	

TO BE COMPLETED BY THE TOWNSHIP OFFICE				
PROPERTY ID			ZONING DISTRICT	
PROPERTY REGISTRATION	APPROVED ____		NOT APPROVED ____	
REGISTRATION INFORMATION	START DATE		EXPIRATION DATE	
COMMENTS				
ZONING ADMINISTRATOR SIGNATURE DATE				