

**HAMLIN TOWNSHIP**

**Zoning Administrator**

(231) 845-7801 Ext.1 or hamlinzoning@gmail.com

**SHORT-TERM RENTAL APPLICATION FORM**

(Please complete one application for each rental unit.)

This application will only be accepted if correctly completed

DATE RECEIVED \_\_\_\_/\_\_\_\_/\_\_\_\_

Short-Term Rental Dwelling Unit Address and Parcel Identification No.:

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Property Owner(s): \_\_\_\_\_

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Owner's Address(es): \_\_\_\_\_

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Owner's Phone(s): \_\_\_\_\_

Owner's E-mail(s): \_\_\_\_\_

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Designated Licensee: \_\_\_\_\_

Designated Licensee's Address: \_\_\_\_\_

Designated Licensee's Phone: \_\_\_\_\_

Legal Description of the Real Property (if more than one unit on the same property,  
please supply unique identifying characteristics of the rental dwelling):

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Number of bedrooms in accordance with Michigan Law and local Ordinances: \_\_\_\_\_

Number of finished floors: \_\_\_\_\_

Maximum number of adult occupants permitted: \_\_\_\_\_

Number of off-street parking spaces available on the site: \_\_\_\_\_

Period or periods during the calendar year the dwelling will be advertised and/or rented:  
\_\_\_\_\_.

A designated 'Agent' is required if the above identified owner does not reside within 45 miles of the property. The agent is required to live or work within 45 miles of the rental property.

Agent's Name (if other than owner): \_\_\_\_\_

Agent's Phone: \_\_\_\_\_

Agent's Address: \_\_\_\_\_

Agent's E-mail: \_\_\_\_\_

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**Checklist for Applicant and Designated Township Official**

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\_\_\_\_ Copy of last recorded deed showing present ownership

\_\_\_\_ Complete copy of the Rental Agreement to be used for this property

\_\_\_\_ Non-refundable application fee of \$25. Once the application is approved, the 3-year license fee of \$1000 (payable to Hamlin Township) will be due.

\_\_\_\_ Check Number \_\_\_\_\_ Receipt Number \_\_\_\_\_

\_\_\_\_ Detailed site plans of the property, the interior of the dwelling (bedrooms, exits, fire extinguishers, smoke detectors, etc.) and designated parking spots. (Hand drawing accepted. Architectural drawing not required)

\_\_\_\_ Current street view photo of the rental dwelling.

\_\_\_\_ Copy of the last septic inspection from an approved septic hauler or the Mason County Health Department.

**Please sign the affidavit Included with the Short-Term Rental Registration Form**

**AFFIDAVIT**

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

- 1) All of the information on the attached registration form is true.
- 2) 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.
- 3) I consent to inspections of the dwelling unit by the township and will make the dwelling unit available for inspections upon request.
- 4) This application will not exceed the allowed 2 rental units per property owner
- 5) This application form is accurate and complete.

**OWNER/AGENT 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(s) if found to be deceiving of Ordinance 58. 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.

**Notary Republic:** \_\_\_\_\_ **Date** \_\_\_\_\_

\_\_\_\_\_ **County, State of** \_\_\_\_\_

**HAMLIN TOWNSHIP**

**Notification of Short-Term Rental to Neighboring Property Owner**

**Neighboring Property Owner:**

This document serves to inform you that property located at:

Street Address: \_\_\_\_\_

has been registered as a short-term rental under Hamlin Township’s Short-Term Rental Ordinance #58.

As a property near the above address and under the terms of the Hamlin Township Short-Term Rental Ordinance #58, you must be supplied a 24-hour contact number for the owner or local agent of the Hamlin Township Short-Term Rental Ordinance. Please familiarize yourself with this ordinance. It can be seen on the township’s website at [www.hamlintownship.org](http://www.hamlintownship.org) or by visiting the township hall for a copy.

While rental property owners seek renters who behave responsibly and according to the township’s ordinances, if an issue ever does occur, please use the following contact information to address the issue. Start with the first contact listed and graduate through the contacts if there is no resolution.

Please understand the property owner or legal agent has two hours from the point of contact to mitigate any issue on-site.

Contact the property owner or local agent at the following 24-hour contacts:

**1<sup>st</sup> Contact Owner /Agent Information:**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**2<sup>nd</sup> Contact Owner/Agent Information;**

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**3<sup>rd</sup> Contact Mason County Sheriff’s non-emergency line at 231-843-3475.**

For any questions regarding this property, please refer to the property owner or local agent contacts. For any questions on the ordinance, please contact the Hamlin Township’s Zoning Administrator at (231) 845-7801 ext. 1. or [hamlinzoning@gmail.com](mailto:hamlinzoning@gmail.com)

***As always, in cases of emergencies, call 911.***