

SAFEbuilt, Inc.

107 S. Capital Avenue, P.O. Box 190, Athens, MI 49011

Office: 269-729-9244 Fax: 269-729-9254

EMAIL: athensmi@safebuilt.com WEBSITE: www.safebuilt.com/locations/athens-office

COVERT TOWNSHIP – SHORT-TERM RENTAL ORDINANCE # 118
REGISTRATION APPLICATION

Please complete one application for each rental address.

Pursuant to Ordinance No. 118, a rental unit is defined as any dwelling which is in whole or in part not occupied by the owner/mortgagee/registered land contract holder thereof and/or occupied by one or more persons pursuant to an oral or written agreement for monetary consideration, for which gifted rent is provided to a non- owner/occupant, or any other consideration, but which persons are not acquiring an ownership interest in the dwelling.

Short-Term Rental Activity is defined as the rental of a dwelling for a term of less than 31 days. However, short- term rental activity does not include the following: transitional housing operated by a nonprofit entity, group homes such as nursing homes and adult foster care homes, hospitals, or housing provided by a substance abuse rehabilitation clinic, mental health facility, other health care related clinic, or dwelling units owned by a business entity and made available on a temporary basis to employees of that business entity or employees of a contractor working for that business entity.

Fees Required - PLEASE MAKE CHECK OR MONEY ORDER PAYABLE TO “COVERT TOWNSHIP”

Please note: Short-term rental registration is due on or before March 1 of each year including full payment of all fees and penalties due, with the Township of Covert.

Short-Term Rental Registration Fee.....	\$500.00 per unit
Late Fee for Rental Registration*	\$50.00 per unit
First Rental Inspection.....	No Charge
Any/All Re-Inspection(s) Fee.....	\$92.00 per unit
Scheduled Inspection(s) No Show/Cancellation Fee**.....	\$92.00 per unit

**Scheduled inspection(s) missed without 24-hour notice to cancel or reschedule

Rental Unit Address: _____

Property Owner: _____

Owner’s Physical Address: _____

City: _____ State: _____ Zip: _____

Owner’s Phone: _____ Owner’s Email: _____

Additional Phone: _____ Additional Email: _____

Principal Resident Exemption? Yes _____ No _____

Please check if the Property Manager is the owner.

Designated Property Manager/Representative Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Additional Phone: _____ Additional Email: _____

A DESIGNATED LOCAL AGENT IS REQUIRED IF THE OWNER RESIDES MORE THAN 20 MILES FROM THE RENTAL UNIT.

Designated Local Agent: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Property Information:

- Number of short-term rentals units in this building (N/A if just one): _____
- Number of bedrooms: _____
- Number of occupied floors (finished floors available to renters): _____
- Number of days unit was rented in the previous year (N/A if unknown): _____
- Maximum number of occupants permitted: _____
- Term length of typical anticipated occupancy: _____ days _____ weeks
- Property Access Code: _____
- Number of Off-Street Parking Spaces: _____
- Property Notes/Concerns/Comments (i.e., dogs, sharp turns, etc.) _____

COVERT TOWNSHIP RENTAL APPLICATION AFFIDAVIT

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

- 1) I am the property owner or designated local property manager of the property listed on this application.
- 2) The information on this form is true and complete to the best of my knowledge.
- 3) I certify that each bedroom has a working smoke alarm, that there is a working carbon monoxide detector on each floor.
- 4) I certify that each kitchen has a working fire extinguisher and that a work fire extinguisher is located near each outdoor cooking device.
- 5) I have given consent to the Township of Covert to enter each rental unit, at reasonable times and upon reasonable notice, to inspect the premises at any time after the application is made.
- 6) I understand that an initial inspection of the rental unit(s) shall be conducted as soon as inspection schedules permit. If the rental unit(s) is not in compliance with the rules, regulations, laws, or housing codes of the Township of Covert and/or the State of Michigan, the Code Enforcement Officer shall furnish the applicant with a written list of the specific violations which shall be corrected within the specified time given on the written list of violations.
- 7) I understand that if the rental unit(s) do not pass inspection or if I miss my scheduled inspection without a 24-hour notice to cancel/reschedule, I will be charged a fee for each follow-up inspection until the violations are corrected.
- 8) I understand that registration must be made on or before March 1 of each year, including full payment of all fees and penalties due, with the Township of Covert.

I have been offered a copy of the current Short-Term Rental Ordinance and Resolution establishing Rental Housing Registration and Inspection Fees.

OWNER or DESIGNEE SIGNATURE: _____ DATE: _____

By signing above, the owner/designated representative of the rental 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. Note: If a designated representative signs, we will need written permission from the owner in advance, in order for this to be a legal and binding document.

APPLICATION AND PAYMENT MUST BE MAILED TO SAFE BUILT. Once the application and payment has been received and processed it is the owner/designated representative’s responsibility to call SAFE BUILT at 269-729-9244 to schedule an inspection. The Certificate of Compliance will be emailed or mailed to the owner or designated representative once all items have been processed and an inspection has been approved showing compliance.