Inspection Department

700 Broad St., St. Joseph, MI 49085
Phone (269) 983-1212
Fax (269) 985-0347
www.sjcity.com

RENTAL REGISTRATION FORM

RENTAL UNIT INFORMATION – Please complete a separate form for each unit.

ZONING DISTRICT: _____ **PROPERTY CODE #11-76-**_____

ADDRESS: _____ **UNIT #** _____

NO. OF UNITS IN BUILDING: _____ **NO. OF BEDROOMS IN THIS UNIT:** _____

	SIZE OF BEDROOMS IN THIS UNIT *(example: 10'1" x 13'3")*	NUMBER OF OCCUPANTS *(office use only)*
BEDROOM #1.	_____	_____
BEDROOM #2.	_____	_____
BEDROOM #3.	_____	_____
BEDROOM #4.	_____	_____
TOTAL NUMBER OF OCCUPANTS ALLOWED IN THIS UNIT:		

I certify that the information supplied to the City of St. Joseph on this document is true to the best of my knowledge, and that this rental unit will not be rented for a period of less than one month; I understand that it is necessary to possess a Short-Term Rental Permit to rent for a period of less than one month. I understand there is a $10 registration fee per unit, plus a rental inspection fee of $35 for the first unit and $25 for each additional unit.

OWNER/AGENT SIGNATURE: _____**Date:** _____

Owner Name: _____

Owner Address: _____

Phone: _____ **Cell:** _____ **E-mail:** _____

If an agent is involved please complete:

Agent Name: _____

Agent Address: _____

Phone: _____ **Cell:** _____ **E-mail:** _____

For City use only

Date: _____ $10 Fee per unit pd. by check # or $: _____Date 1st Inspection: _____