



Paw Paw Township

114 N Gremps Street, Paw Paw, MI 49079

Phone: 269-657-4340

Office: 269.729.9244 **Call for an inspection**

Short Term Rental

Registration Form

Rental Property Address: _____

Parcel Number: 80-14-_____

Owner Information

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone (Landline): _____ Cell: _____

Email: _____

Signature: _____ Date: _____

Designated Local Agent

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone (Landline): _____ Cell: _____

Email: _____

Signature: _____ Date: _____



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Short Term Rental Application

Initial Application: _____ Renewal Application: _____

Property Address: _____

Number of bedrooms: _____ Number of occupants per bedroom: _____

Number of bathrooms: _____ Number of parking spaces: _____

Maximum number of occupants (per inspector approval): _____

___ Are there smoke detectors in each bedroom?

___ Are there carbon monoxide detectors on each floor?

___ Is there a fire extinguisher in each kitchen and near any outdoor cooking device?

Process:

1. Application fee - \$400.00 (non-refundable)
2. Application will expire one year from date of issue.
3. The application will not be processed until the fee is paid, and the application is completed.
4. A copy of the lease containing the required disclosures, including, but not limited to, the maximum occupancy, off-street parking, noise regulations and other ordinance requirements is REQUIRED.

Floor Plan Sketch: (MUST be provided) a floor plan sketch showing the size and sq. ft. of all habitable spaces.

Add a page of graph paper for floor plan sketch

OFFICE USE:

Application number: _____ Date received: _____

Fee – check number: _____

License renewal date: _____

INSPECTIONS:

Health: _____ completed by: _____

Fire: _____ completed by: _____

Building: _____ completed by: _____

Safety: _____ completed by: _____

VIOLATIONS:

Violation: _____ Date: _____

Complainant: _____ Action: _____

Violation: _____ Date: _____

Complainant: _____ Action: _____

Violation: _____ Date: _____

Complainant: _____ Action: _____

Violation: _____ Date: _____

Complainant: _____ Action: _____

License revoked date: _____ Length of time: _____

Reason: _____

License revoked date: _____ Length of time: _____

Reason: _____

License revoked date: _____ Length of time: _____

Reason: _____

Permanently revoked date: _____ Reason: _____



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Worksheet, Requirements and Agreement

On May 13, 2024 the Paw Paw Township Board adopted Ordinance #288 regulating Short-Term Rentals (STR) within the township. According to said ordinance, anyone operating or advertising a Short-Term Rental within the township MUST have a STR license. Licenses shall expire each year on the date of issuance. Hard copy applications are required and should be delivered to Paw Paw Township Offices at 114 N. Gremps Street.

By signing this agreement, you certify that you understand the following statements and agree to comply with the Paw Paw Township Ordinance requirements. I understand the following information about owning and operating a short-term rental property.

Please initial each statement:

\$400.00 Yearly Application Fee (non-refundable)

I have read Ordinance #288 and am aware of all requirements regarding short-term rentals, including the standards and regulations.

I understand that I am not guaranteed a license.

To qualify for a license, I must submit all completed forms.

All health and safety inspections must be completed and submitted.

I must pay all associated fees.

I must maintain liability insurance that covers short-term rental use and claims from short-term occupants. I agree to provide a written letter or email from my insurance provider, stating that my coverage meets these requirements.

I must have proof that the homestead exemption is legally appropriate or is not being claimed.

The STR license for this property will NOT transfer to a new owner if I sell my property.

If I choose to discontinue the use of my property as a STR, I will provide notice of my intentions.

___ I will clearly display the license # and occupancy # in ALL advertisements and documents relating to my STR.

___ I will keep an address sign clearly visible from the road.

___ I cannot exceed the maximum occupancy as stated on my rental agreement.

___ I must maintain my property in compliance with Paw Paw Township Ordinance #288 and all other ordinances.

___ The local contact/agent I have listed on this application will be available to respond to the township, tenant and neighborhood questions or concerns, and is authorized by me, as the owner, to take remedial action and respond to ANY violation of this ordinance. If this contact information changes, I shall notify the township.

___ I will provide contact information for myself and my local agent to all renters.

I understand that my rental certificate MAY be revoked for any of the following reasons:

___ Violations of any part of Paw Paw Township Ordinance #288.

___ Violations regarding the number of police calls or code violations at my property.

___ Failure to obtain inspections or payment of fees associated with STR Ordinance #288.

___ Failure to maintain liability insurance (must provide proof of insurance each year of operation).

___ Failure to maintain my property in compliance with all Township Ordinances.

CERTIFICATION: The undersigned agrees that the operation will conform with the Township Ordinance and that Paw Paw Township shall not be held liable for any damages resulting therefrom. The undersigned agrees to hold Paw Paw Township and its employees free and harmless from all liability which may be imposed upon it, to reimburse the Township for any legal liability that may be imposed against it and to reimburse the Township for all expenses of litigation in connection with the defense of claims as such liability and claims may arise because of negligence in the performance of the operation, service, or act for which the license was issued.

Owner's Name: _____

Address: _____

City, State, Zip: _____

Rental Address: _____

Owner's Signature: _____ Date: _____