

**Short Term Rental Dwelling  
RENEWAL of Registration Form  
Village of Port Sanilac  
56 North Ridge Street, P. O. Box 628  
Port Sanilac, MI 48469  
(810) 622-9963**

Renewal Registration Fee \$50.00 due annually between October 1-31<sup>st</sup>

**NOTE: If the dwelling unit fails to be used as a short-term rental for more than 18 months, the registration form will not be considered for renewal. The owner may reapply, but if another unit is on the waiting list, their registration will be considered.**

**Please complete one application for each rental unit.**

Short Term Rental Dwelling Unit Address \_\_\_\_\_

Number of Bedrooms \_\_\_\_\_ Maximum number of occupants permitted \_\_\_\_\_

Length of typical anticipated rental period per reservation days: \_\_\_\_\_

Number of off-street parking areas available on site \_\_\_\_\_

**Name and Address of Property Owner:**

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

Address: \_\_\_\_\_  
Street City State Zip Code

Phone Number(s) Primary: \_\_\_\_\_ Secondary: \_\_\_\_\_

Email \_\_\_\_\_

**Secondary Contact Name** \_\_\_\_\_

Phone Number(s) Primary: \_\_\_\_\_ Secondary: \_\_\_\_\_

**Name and Address of Designated Agent (must live or work within 30 miles of the village):**

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

Address: \_\_\_\_\_  
Street City State Zip Code

Phone Number(s) Primary: \_\_\_\_\_ Secondary: \_\_\_\_\_

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

**AFFIDAVIT**

The signer (s) of this form hereby states, warrants, certifies and affirms the following:

- 1. All of the information on this registration form is true, accurate and complete
- 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. Contact information will be posed in at least two prominent locations in the dwelling and will include:
  - Address of the dwelling
  - Owner's Name and phone numbers
  - Secondary Contact name and phone numbers
  - Designated Agent name and phone numbers
- 4. A copy of the Village of Port Sanilac "Good Neighbor" materials will be provided to the renters every time the dwelling unit is rented.

Signature of Owner (s) \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

By signing above, the owner of the dwelling unit certifies that the above statements are true. Statements made to be falsified on this application and affidavit will be grounds to revoke the rental permit.

Notice: The issuance of a permit for a short-term dwelling unit shall in no way impact the zoning of the subject property and shall not prevent the Village of Port Sanilac from enforcing Zoning Ordinance regulations and limitations on said property or any other applicable code/ordinance of the Village.

(Need statement for State of Michigan – Reference Item D, #3)

**Office Use Only**

List Conditions, if any:

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Rental Inspection Date: \_\_\_\_\_

Rental Inspection Payment Amount/Date: \_\_\_\_\_

This short-term dwelling unit RENEWAL permit is approved for one year.

Signature of Village Official \_\_\_\_\_ Date \_\_\_\_\_