City of Cedar Springs
Rental Property Registration Form

Property Information

- **Rental Property Address: _____**
- **Number of Rental Dwelling Units: _____**
- **Number of Temporary Dwelling Units (if applicable): _____**
- **Number of Off-Street Parking Spaces: _____**

Owner Information

- **Owner's Full Name: _____**
- **Residence Address: _____**
- **Business Address: _____**
- **Business Phone Number: _____**
- **Personal Phone Number: _____**

Local Agent Information (if applicable)

(If the owner does not reside locally, a local agent must be designated.)

- **Local Agent's Full Name: _____**
- **Residence Address: _____**
- **Business Address: _____**
- **Business Phone Number: _____**
- **Personal Phone Number: _____**

Legal & Tax Compliance

- **Address where the owner/agent will accept notices/orders from the City:**

  _____

- **Verification of Tax Status:**
  ☐ I verify that all state and city taxes assessed against the rental property have been paid and are up to date.
  (Delinquent taxes may result in denial of registration or re-registration.)

Floor Plan Submission

- ☐ Attached is a **diagram or sketch** of the rental dwelling's floor plan, including the **square footage of living rooms, dining rooms, bedrooms, and other habitable areas.**

Fee Schedule

- **Building Registration Fee: $50.00 per building**
- **Inspection Fee: $65.00 per rental unit**

Total Fees Due at the Time of Application:

- **Number of Buildings:** _____ × $50.00 = $_____
- **Number of Rental Units:** _____ × $65.00 = $_____
- **Total Amount Due: $_____**
- **Date Paid_____**
- **Check #_____**

Owner/Agent Certification

I hereby certify that the information provided in this application is accurate and complete to the best of my knowledge. I acknowledge that failure to comply with registration requirements may result in enforcement action by the City of Cedar Springs.

Owner Signature: _____ Date: _____

Local Agent Signature (if applicable): _____ Date: _____

City of Cedar Springs Rental Division

Consent to Inspection

Lessee Name: _____ PH# ( ) -

Rental Address: _____ Unit: _____

The City of Cedar Springs, its staff, appointed officials and its enforcing agency,

Professional Code Inspections of Michigan Inc., ☐ **has** ☐ **does not have.**

my permission to enter my rental unit for the purpose of inspecting the unit to determine whether it complies with the 2015 International Property Maintenance code and the City of Cedar Springs Rental ordinance.

Signed: _____ / / _____

Lessee or authorized agent Date

To be completed if lessee is not present at the time of inspection.

If I am not present for an inspection of my unit, I give (please print) _____ on permission to provide the inspector access to my unit for the purpose of performing the inspection.

(Please print name of authorized individual)

Signed: _____ *Date* / / _____

Leaseholder or authorized agent

Signed: _____ *Date* / / _____

Owner or owner's agent