

City of New Buffalo

Long-Term Rental Registration Form

Submission of Application:

If determined to be an allowed use, complete the application with all required documents and submit them to the City of New Buffalo.

Acceptance of Application:

City staff reviews the application and any supplemental information for completeness prior to formally accepting the application(s). All fees must be paid at this time.

Rental Inspection Scheduled:

Property owner or designee will be contacted to schedule an inspection of the unit.

Property Inspection:

City staff will meet the owner or representative on-site at the designated date and time. The interior and exterior of the building to be rented will be inspected per the adopted International Property Maintenance Code and the requirements of the Code of Ordinances of the City of New Buffalo. At the completion of the inspection, city staff will notify the owner or representative if the property passes or fails the inspection.

Correction Notice Issued:

If the property does not pass the inspection, the city shall provide the owner or representative with a written list of the specific violations that will need to be corrected prior to rental of the property, issuing of a Certificate of Occupancy, and issuance of a Rental Certificate of Compliance.

Rental Compliance Certificate and Certificate of Occupancy issued:

Once all outstanding issues have been satisfactorily addressed, the city issues a Certificate of Occupancy, and a Rental Certificate of Compliance which is valid for one (1) year. If the property is sold or there are changes that occur, the application shall be updated within thirty (30) days of the closing or when the change occurred.

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Please print legibly and all portions must be completed for each unit being rented, incomplete forms will be returned.

PROPERTY INFORMATION

Property Address: _____

Property Code Number (tax ID): 62- _____

Property Type (pick one)

Single- Family Residence Apartment Complex Duplex Triplex

Other: _____

Number of Buildings? _____ Number of Dwelling Units: _____

Do you permanently reside in one of the dwelling units: _____ YES _____ NO

Unit Information (one unit per form)

Unit Number: _____ Total Number of Units in Building: _____

Number of Bedrooms in Unit: _____ Number of Parking spaces for Unit: _____

Dimensions of each bedroom (example 11'6"x13'9")

Bedroom 1: _____ Bedroom 2: _____

Bedroom 3: _____ Bedroom 4: _____

Owner/Contact Information

Owner's Name: _____

Owner's Mailing Address: _____

Phone number: _____ Emergency Phone number: _____

Email Address: _____

Manager Information

Owner's Name: _____

Owner's Mailing Address: _____

Phone number: _____ Emergency Phone number: _____

Email Address: _____

General Information

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

1. The information supplied to the City of New Buffalo on this document is true to the best of my knowledge
2. I understand and agree that all applicable fees must be paid and unit(s) pass inspection to continue renting this property
3. I consent to inspections of the dwelling unit by the City and will make the dwelling unit(s) available for inspection upon request
4. I understand the fee schedule adopted by the New Buffalo City Council
5. I understand that expired rental certificates of more than 61 days will result in the issuance of a civil citation if found to be operating and/or advertising without a valid certificate which may result in fines and /or possible revocation
6. I understand that the rental unit is not considered a short-term rental and WILL NOT be rented, advertised for rent or sub-let for a period of less than ONE YEAR (365 Days)
7. I hereby affirm that I have truthfully completed this application to the best of my knowledge; that I have read Chapter 23 of the New Buffalo City Code of Ordinances; and that I agree to operate this rental in accordance with all Federal, State and local laws, ordinances, Rules and regulations.

Applicants Printed Name

Applicants Title

Applicants Signature

Date of Birth

Date

CITY USE ONLY

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|------------------|--|---------------|--|
| Date Received: | | App Complete: | |
| Zoning District: | | Fee Paid: | |
| Received by: | | Inspected | |
| Approved by: | | Date | |
| Denied by | | Date | |
| | | | |