

City of New Buffalo

Long-Term Rental Renewal Form

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- _____

Date of last Inspection: _____

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