Laketown Township
4338 Beeline Rd. Holland, MI 49423
616-335-3050 office@laketowntwp.org

RENTAL UNIT REGISTRATION APPLICATION

FOR OFFICE USE

APPL#: _____

DATE REC'D:

INSTRUCTIONS:

1. Return a completed application with registration fee (see reverse for schedule) and required attachments to the Township Office or email: rentals@laketowntwp.org. Incomplete applications will not be accepted. Those wishing to pay by credit card will be invoiced and may pay by phone at 616-335-3050 or online at www.laketowntwp.org, additional fees apply.
2. The Township Office will review the application for compliance with ordinance regulations.
3. The Graafschap Fire Department will contact you or your agent to schedule an inspection.
4. A Rental Certificate of Compliance will be issued.
5. All assessed fees for the rental unit and any State and local taxes must be paid up to date.
6. Rental information may be found in the Laketown Township Ordinance at www.laketowntwp.org (see Chapters 10 and 38) as well as www.graafschapfire.com (under the link for Community Risk Reduction).
7. Ordinance #221 amending the use of Short-Term Rentals was adopted by the Township Board on 5/26/2026. New applications for Short Term Rentals of single-family homes are being accepted in the Mixed-Use (MU) zoning district only, and for attached and detached accessory dwelling units in residential zones.

REQUIRED ATTACHMENTS:

___Clearly labeled floor plan(s) of the building and rental unit with size of rooms identified and location of exits, primary evacuation routes, secondary evacuation routes, and portable fire extinguishers (new applicants only unless changes have been made for renewals).
___Site Plan showing the exterior of the rental unit with the size and location of off-street parking spaces identified.
___Rental Registration Fee (see reverse side). Credit card payments will be invoiced following receipt of application, additional fees apply.
___Copy of $1,000,000 Liability Insurance Certificate.
___Recreational residential burning permit application (if applicable).

RENTAL UNIT INFORMATION:

APPLICATION TYPE: _____New _____Renewal _____Transfer of Ownership
RENTAL LENGTH: _____Short Term (less than 28 days) _____ Long Term
BUSINESS NAME: _____
ADDRESS: _____
PARCEL#: _____ ZONING:_____

BUILDING TYPE:	# of bedrooms?	Sleeps how many?
_____Single Family	_____	_____
_____Attached Accessory Dwelling Unit (requires Special Land Use approval)	_____	_____
_____Detached Accessory Dwelling Unit (requires Special Land Use approval)	_____	_____
_____Duplex	_____	_____
_____Apartment (# of units): _____	_____	_____
_____Hotel/Motel (# of units):_____	_____	_____

NUMBER OF OFF-STREET PARKING SPACES AVAILABLE TO RENTERS: _____

RESPONSIBLE LOCAL AGENT:

Agency Name: _____ Phone: _____
Contact Person: _____ Email: _____
Address: _____

OWNER INFORMATION:

Name(s): _____ Phone: _____
Email: _____
Mailing Address: _____

The information contained within this application is true to the best of my knowledge. I hereby authorize that the Responsible Local Agent listed above is authorized to make this application for a rental unit as my agent and we agree to conform to all applicable laws and regulations of the Township of Laketown. I additionally grant Laketown Township staff or authorized representatives thereof access to the property to conduct inspections as needed.

_____ _____
Property Owner's Signature *Date*