



### RENTAL REGISTRATION (COMPLEX)

All owners of a rental dwelling complex shall register each rental dwelling complex with the Village of Berrien Springs. To register a rental dwelling complex the owner shall provide and certify as true the following information on this form. It shall be a violation of the Village's Rental Safety Verification Program for an owner to provide inaccurate information for the registration of a rental dwelling complex.

Owner's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Owner's Address: \_\_\_\_\_ Email: \_\_\_\_\_

State and Zip Code: \_\_\_\_\_

Are you the Sole Owner? Yes \_\_\_\_\_ No \_\_\_\_\_ (If no please list below the specific information for all other partners, officers, corporations, or members if an LLC.)

- \_\_\_\_\_  
\_\_\_\_\_

Rental Agent (see rental ordinance no. \_\_\_\_\_): \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_

Street address of dwelling for the rental dwelling complex: \_\_\_\_\_

How many individual rental dwelling units are at the above address? \_\_\_\_\_

Number of Off-Street Parking Spaces available for each rental dwelling unit: \_\_\_\_\_

If there are short-term rental dwelling units available in this rental dwelling complex:

- Number of days the short-term rental is expected to be rented out, \_\_\_\_\_ days.
- Number of bedrooms: \_\_\_\_\_
- Number of off-street parking spaces provided: \_\_\_\_\_
- Owners of short-term rentals must list all advertising booking platforms used for this short-term rental.

\_\_\_\_\_  
\_\_\_\_\_

The Village of Berrien Springs is requiring that permit numbers be attached to all advertising used for this short-term rental.

Please fill out separate registration forms for each short-term rental being registered.

The owner has provided a blank copy of any current lease: Yes \_\_\_\_\_ No \_\_\_\_\_

As owner of a rental dwelling complex shall notify the Village in writing within thirty (30) days of any changes in the information provided on this registration form. An owner of a short-term rental dwelling shall notify the Village in writing within ten (10) days of a change in the information provided on this form.

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Signature: \_\_\_\_\_

Rental Registration PIN# \_\_\_\_\_



\*\*Units that the Village of Berrien Springs has records of building permit/occupancy need to at a minimum comply with the code in place at the time the permit was issued.

\*\*Units that the Village of Berrien Springs DOES NOT HAVE records of building permit/occupancy need to at a minimum comply with the current code.

Comments:

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\*\*\*Order to Correct:

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\*\*\* Notice Violation:

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\*\*\*Whenever a notice of violation or an order to correct and repair is cited and the owner has refused to comply, the inspectors are hereby instructed to request the proper authority as designated in chapter IX (Penalties and Remedies of the Village Rental Ordinance) to be notified.

Inspected By: (Print)		Inspected (Signature)	By:	
Inspected By: (Print)		Inspected (Signature)	By:	
Report Received By: (Agent/Owner) ****		E-Mail Address:		

\*\*\*\*If the Agent/Owner is refusing to sign or is not available indicate the refusal or unavailability.

Not available:  Yes  No Refusing to sign:  Yes  No

<input type="checkbox"/>	<b>Compliance with the above requirements shall be effective immediately.</b> A re-inspection shall be conducted on/or after seven (7) days from the receipt of notice to verify compliance.
<input type="checkbox"/>	<b>You are hereby notified to remedy the conditions as stated above immediately.</b> After the conditions have been correct, mail a copy of the notice within _____ days including a signature certifying completion.

I CERTIFY THAT THE VIOLATIONS OR ORDERS TO CORRECT SPECIFIED ABOVE HAVE BEEN CORRECTED.

SIGNATURE:		DATE:	
Agent/Owner			



Rental Registration Number:		Date of Inspection:		Date of Last Inspection:		
Rental Type:	<input type="checkbox"/> Long Term	<input type="checkbox"/> Short Term	Inspection Type:	<input type="checkbox"/> Initial	<input type="checkbox"/> Renewal	<input type="checkbox"/> Re-inspection
A. Zoning Compliance			B. Building Code Compliance (**)		C. Fire Code Compliance (**)	
1. In a rental or short-term rental how many bedrooms	_____	1. Window Fall Guard Protection: (<24" inside sill clearance & >6' drop outside window.) must meet ASTM F2090 Standard	<input type="checkbox"/> Yes <input type="checkbox"/> No	1. Operating Smoke Detectors in each bedroom and each common area (IFC 907.2)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Less than 10 years that will not expire within next inspection period. <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Number of Parking Spots Available:  Does the available parking reflect the application form?	_____ <input type="checkbox"/> Yes <input type="checkbox"/> No	2. Railings for Stairways and Decks are in place and stable:	<input type="checkbox"/> Yes <input type="checkbox"/> No	2. Operating Carbon Monoxide Detector on each floor (Not required in rentals with all electrical)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. If a short-term rental unit: does the unit have available for review an up to date self-inspection log?	<input type="checkbox"/> Yes <input type="checkbox"/> No	3. **Bedroom Egress (one escape or rescue opening in each room) (height >24", width .20"). Window Wells with egress windows shall have an attached escape ladder if >44" from grade to base of well.	<input type="checkbox"/> Yes <input type="checkbox"/> No	3. Electrical Hazards Not Present: (Cover Plates intact, no open wiring junction boxes and Electrical Panels have ≥30" of working space free of obstructions or combustible Extension Cords shall not be a substitute for permanent wiring. (IFC 605.5)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Permit for Occupancy: (Front Window Facing Address)	<input type="checkbox"/> Yes <input type="checkbox"/> No	4. Circuits in Electrical Panels are properly labeled:	<input type="checkbox"/> Yes <input type="checkbox"/> No	4. Furnaces, Water Heaters and heating devices are clear of any combustible materials: (at least 36") (IFC 315.3)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Exterior maintained in a clean, safe and sanitary condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No	5. Outdoor. Kitchen or Bathroom Outlets are GFCI Protected: (NEC 210.8)	<input type="checkbox"/> Yes <input type="checkbox"/> No	5. Address is prominently displayed at the road front with ≥4" Numbers: (IFC 505.1)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Interior maintained in a clean, safe and sanitary condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No	6. Does the bathroom have ventilation either by openable window or by mechanical ventilation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	6. Exits are maintained free of obstructions including ice and snow at all times. (IFC 1031)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7. If a short-term unit: does the unit exceed the number of occupant's per bedroom?	<input type="checkbox"/> Yes <input type="checkbox"/> No	7. Appliances are properly vented and vents are not obstructed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	7. Charcoal burners and other open flame cooking devices are not being operated on combustible balconies or within 10 feet of combustible construction (IFC 308.1.4)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Good Neighbor Guideline Available for Renters:	<input type="checkbox"/> Yes <input type="checkbox"/> No	8. Any Other Violation _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	8. Holes in walls, ceilings and doors. (Must be repaired to maintain fire rating) (IFC 605.5)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
				9. Basements shall be free of flammable liquid storage and attached Garages are limited to 10 gallons outside of approved storage cabinets. (IFC 5704)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
				10. Portable Unvented Fuel Fire Heating is not being used? (IFC 603.4)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
				11. Operational/Accessible Fire Extinguisher within 30 feet of commercial cooking equipment and or where flammable/combustible liquids are stored except in one and two family homes. (IFC 906)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	