



**2024 RESIDENTIAL RENTAL PROPERTY  
REGISTRATION FORM  
City of Zeeland**

**Community Development Department**  
21 S ELM ST - ZEELAND, MI 49464  
Phone 616-772-0872 - Fax 616-772-0880  
[buildinginspector@cityofzeeland.com](mailto:buildinginspector@cityofzeeland.com)  
[www.cityofzeeland.com](http://www.cityofzeeland.com)

Form must be filled out completely. Incomplete forms may be returned.

**Registration fee of \$15.00 per unit must be submitted with this application.** Please make checks payable to "City of Zeeland".

**RENTAL PROPERTY**

STREET ADDRESS _____	NAME OF DEVELOPMENT (IF APPLICABLE) _____
<b>TYPE OF STRUCTURE:</b> <input type="checkbox"/> 1-FAMILY <input type="checkbox"/> 2-FAMILY <input type="checkbox"/> DUPLEX <input type="checkbox"/> 3-FAMILY <input type="checkbox"/> 4-PLEX <input type="checkbox"/> 5 OR MORE UNITS (NUMBER _____)	
TOTAL FEE DUE: \$ _____	<b>CITY USE ONLY:</b> <input type="checkbox"/> PAID    DATE _____    INITIALS _____

**UNIT INFORMATION (attach additional sheets if necessary):**

UNIT NUMBER (e.g. 150 ½, Apt 1, etc.)	NUMBER OF BEDROOMS	PROPOSED MAXIMUM NUMBER OF OCCUPANTS	MONTHLY RENT
			\$
			\$
			\$
			\$

**OWNER OF RENTAL PROPERTY**

(if unit owner is not a natural person, the owner information shall be that of the president, general manager, or other chief executive):

<b>Home:</b>				
OWNER NAME _____			STREET ADDRESS _____	
CITY _____	STATE _____	ZIP _____	PHONE _____	
			EMAIL _____	
<b>Business:</b>				
BUSINESS NAME _____			STREET ADDRESS _____	
CITY _____	STATE _____	ZIP _____	PHONE _____	
			EMAIL _____	

Note: The City will initially contact the agent for all matters relating to the rental inspection program; however, the property owner will be held responsible for any issues not resolved through the agent.

**RESPONSIBLE LOCAL AGENT (if other than owner):**

NAME _____			STREET ADDRESS _____	
CITY _____	STATE _____	ZIP _____	PHONE _____	
			EMAIL _____	

**PERSON AUTHORIZED TO ORDER REPAIRS (if other than owner):**

NAME _____			STREET ADDRESS _____	
CITY _____	STATE _____	ZIP _____	PHONE _____	
			EMAIL _____	

**I certify that the above information is true and complete to the best of my knowledge. I agree to notify the City of Zeeland within thirty (30) business days of any change in the above information.**

**Signature:** \_\_\_\_\_      **Print Name:** \_\_\_\_\_      **Date:** \_\_\_\_\_

Signed by:     Owner     Local Agent

**Form and registration fee must be submitted by June 1 every year or within 30 days after a change of property ownership.**

A copy of this registration stamped by the Building & Zoning Department shall serve as a Provisional Occupancy Permit, allowing the property to be rented prior to inspection by the City. This Provisional Occupancy Permit will expire on the date of the first scheduled re-inspection.