

CITY OF DECORAH
RENTAL APPLICATION/INSPECTION
 400 Claiborne Drive, P.O. Box 138
 Phone: 563-382-3651 Fax: 563-382-6525
www.decorahia.org

Date of Notice: _____
 Date of Payment: _____
 Date of First Inspection: _____
 Date of Final Inspection: _____

PROPERTY ADDRESS: Contact: _____ Phone: (____)____ - ____ Zoning District: _____	OWNER/AGENT NAME & ADDRESS:
---	--

REGISTRATION FEE: \$30.00 INSPECTION FEE: \$10.00 PER UNIT	LATE AFTER: LATE REGISTRATION FEE: \$20.00 LATE INSPECTION FEE: \$5.00 PER UNIT
---	--

No. of Units: _____ Total Occupants: _____	No. of Bedrooms: Up _____ Below Grade _____
--	--

Inspection Type: Routine _____ Follow Up _____ Complaint _____

Noted - Correct prior to next rental cycle **Cited** - Correct now **Check** - Further code research required
 * * * Items checked will be addressed in subsequent letter * * *

	EXTERIOR	Noted	Cited	Check		INTERIOR - GENERAL	Noted	Cited	Check
1	Address Number				19	Steps - Rise and Run			
2	Yard Condition - Junk, Debris, etc.				20	Handrails - Guardrails			
3	Weeds – Shrubs – Trees - Grass				21	Stairway Lighting			
4	Sidewalks - Tripping Hazards				22	Dryer Vent			
5	Deck – Porch - Steps				23	Plumbing - Fixtures, Basement			
6	Handrails - Guardrails				24	Windows			
7	Emergency Escape Stairs/Ladder				25	Smoke Alarms			
8	Gutters & Downspouts				26	Basement Hatchway			
9	House – Paint/Deterioration				27	Doors - Door Hardware			
10	Accessory Structures - Paint/Deterioration				28	Sprinkler/Fire Alarm			
11	Roof				29	Hallways - Lighting, etc.			
12	Structural Foundation				30	Walls – Ceilings - Floor			
					31	Extermination			
	INTERIOR - KITCHEN					ELECTRICAL			
13	Plumbing Fixtures - Sink, Faucets, etc.				32	Electrical System Adequate			
					33	Outlets Properly Wired			
	INTERIOR - BATHROOM				34	Extension Cord Use			
14	GFCI				35	Elevator Y___N___			
15	Window/Exhaust Vent Fan				36	Switched Light/Outlet			
16	Plumbing Fixtures Working					PLUMBING & MECHANICAL			
					37	Furnace/Water Heater Bedroom			
	INTERIOR - BEDROOM				38	Water Supply Lines			
17	Closet Light				39	Drain Lines – Venting			
18	Smoke Alarm - Interconnect				40	Shut off Valves – Gas			
	ADDITIONAL ITEMS								
41	Electrical Panel: ___ Fuse ___ Breaker ___ No Unsafe Openings ___ Labeled								
42	Sump Pump: ___ Sanitary ___ Storm								
43	Water Heater: Clearance: Y___N___ Approved: Y___N___ Relief Valve ___ Venting ___								
44	Egress Window: Comply: Y___N___ Ht Floor: _____ Length: _____ Width: _____								
45	Window Wells: Comply: Y___N___ Length: _____ Width: _____ Total Sq Ft: _____ Ladder: Y___N___								

*** * * Please see reverse for rental acknowledgements and inspection notes * * ***

