

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: <div style="background-color: yellow; padding: 2px;">Must be received by 5:00 pm in our office by: _____</div> REGISTRATION FEE: \$30.00 INSPECTION FEE: \$10.00 PER UNIT |
| 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 ***

