

# CITY OF DECORAH

## RESIDENTIAL RENTAL PROPERTY INSPECTION & PERMIT

### LANDLORD (PERMITTEE)

**NAME:** \_\_\_\_\_

**OWNER PHONE** \_\_\_\_\_

**EMAIL** \_\_\_\_\_

**OTHER CONTACT PHONE** (if any) \_\_\_\_\_

### RENTAL PROPERTY INFORMATION

**PROPERTY ADDRESS:** \_\_\_\_\_

**NUMBER OF RENTAL UNITS AT THIS ADDRESS** \_\_\_\_\_

**FEES DUE:**

1. RENTAL PERMIT FEE (\$40 )
2. INSPECTION FEE \$15 (\$15 per unit x unit(s))

Please remit cash or check to:

City of Decorah  
400 Claiborne Dr.  
Decorah, IA 52101

**TOTAL AMOUNT DUE:**  
\$ \_\_\_\_\_

Upon receiving this Rental Permit, the Permittee acknowledges that he/she is aware of the provisions and requirements of ordinance 5.28 entitled "Rental Housing Permits". The Permittee also acknowledges that he/she is aware of the City's Zoning Code requirements and the 2015 I CC International Property Maintenance Code. The Permittee also acknowledges that this Rental Permit may be revoked or suspended if the Permittee fails to comply with the terms and conditions upon which this Permit is issued.

**Owner/Rep Signature:** \_\_\_\_\_

**OFFICE USE ONLY:**

DATE RECEIVED: \_\_\_\_\_

AMOUNT PAID: \_\_\_\_\_

INSPECTION DUE: \_\_\_\_\_

PERMIT: \_\_\_\_\_

DATE PERMIT ISSUED: \_\_\_\_\_

DATE PERMIT EXPIRES: \_\_\_\_\_

PERMIT  
APPROVED BY: \_\_\_\_\_

DATE: \_\_\_\_\_