

**CITY OF DECORAH
RESIDENTIAL SHORT TERM 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

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:

INSPECTION DUE:

PERMIT:

DATE PERMIT ISSUED:

DATE PERMIT EXPIRES:

PERMIT
APPROVED BY: _____

DATE: _____