



Residential Rental Property Permit & Inspection

Return to:
 400 Claiborne Drive
 PO Box 138
 Decorah, IA 52101
 T: (563) 382-3651
 F: (563) 382-6525

Property Owner Information
Property Owner:
Address:
City/State/Zip Code:
Contact Person:
Phone Number:
Email Address:

Fee Schedule
<input type="checkbox"/> 1-2 Units = \$50.00
<input type="checkbox"/> 3-8 Units = \$100.00
<input type="checkbox"/> 9-20 Units = \$150.00
<input type="checkbox"/> 21 + Units = \$200.00
Late Fee: \$25.00
Inspection Fee Schedule
<input type="checkbox"/> 1-2 Units = \$25.00
<input type="checkbox"/> 3-8 Units = \$75.00
<input type="checkbox"/> 9-20 Units = \$225.00
<input type="checkbox"/> 21 + Units = \$525.00
<input type="checkbox"/> Re-Inspection Fee: \$25
No Fee for Short Term Rentals

Rental Property Information
Type of Rental: (Long Term or Short Term):
Street Address:
Number of Units at this Address:
AMOUNT DUE:
INSPECTION DUE:
Please remit Cash, Check, Card to City Hall. Payment can also be made on our Website (decorahia.org) Office Hours are Monday-Friday, 7:30am-4:00pm

Rental Permit Number & Issue Dates
#
Issued:
Expires:

OFFICE USE ONLY
Date Received:
Amount Paid:
Inspection Date/Time:
Notes:
Approval Signature
Date Approved

Rental Housing Ordinance
<p>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.</p> <p style="color: red; font-size: small;"><i>The Rental Property Permit requires an annual renewal. An inspection is required for new rentals along with any transfer of ownership of current rental properties. Any existing rentals will be inspected on a 3-year rotation unless requested otherwise.</i></p>

Signature of Applicant or Representative _____ Printed Name _____ Date _____