



## RENTAL HOUSING PERMIT APPLICATION

City of West Burlington  
122 Broadway West Burlington, IA 52655  
Ph: (319) 752-5451 Email: [crooksm@westburlingtoniowa.gov](mailto:crooksm@westburlingtoniowa.gov)

**Rental Registration Fee:** Single or Duplex Dwellings, 1<sup>st</sup> inspection is included with the \$250 registration fee. Dwellings with more than 2 units, registration is \$250 per building plus \$10 per unit for 1<sup>st</sup> inspection. Registration is required for all transfers of titles.

Date \_\_\_\_\_ Rental Unit Address \_\_\_\_\_ Bldg # \_\_\_\_\_

Description of Premises \_\_\_\_\_

Owner \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Managing Agent: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Date to begin renting unit \_\_\_\_\_

Number of units at this address: \_\_\_\_\_

<b>Office Use Only:</b>	Amount _____	Check # _____	Receipt # _____	Total City Fee: _____
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### **INSPECTOR CERTIFICATION**

I, \_\_\_\_\_ hereby state that I have inspected the rental unit(s) located at the address listed above and I certify this/these unit(s) comply on this date \_\_\_\_\_ with the provisions of the City of West Burlington Rental Housing Code.

\_\_\_\_\_  
Inspector

### **TEMPORARY RENTAL HOUSING PERMIT**

This certificate, issued pursuant to Chapter 153 of the City Code, certifies that at the time of issuance, this/these rental dwelling unit(s) was/were in compliance with the provisions outlined in the City of West Burlington Rental Housing Code. This certificate is granted to the above-listed property owner to operate and maintain rental dwelling unit(s) at: \_\_\_\_\_ in the City of West Burlington, Iowa, as required by Ordinance 604 passed December 17, 2008. This certificate may be suspended under the provisions of the above order.

\_\_\_\_\_  
Inspector

\_\_\_\_\_  
Date