



RENTAL DWELLING PERMIT APPLICATION

Multi-Family and Mixed Use Units
Complete one application per building.
Please type or print legibly.

New Application

Renewal

New Construction

Transfer

Legal address of rental unit: _____

Type of dwelling: Multi- Family Mixed (bldg. contains residential & commercial space)

Total number of units in the building: _____

In order to order to schedule inspections and notify you of upcoming inspections, we need to know the mailing address of each unit in this building. For all **new applications, please complete the Rental Unit Inventory on the reverse side of this application.*

OWNER INFORMATION

Owner of Record: _____

Company Name (if any): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Mobile: _____

Fax: _____ *Landlord License # _____

Email: _____

Owner to receive:

Correspondence Yes No

Fee Invoice Yes No

Scheduled Inspection Yes No

MANAGER or AGENT INFORMATION (if applicable)

Name: _____

Company Name (if any): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Mobile: _____

Fax: _____ *Landlord License # _____

Email: _____

Manager/Agent to receive:

Correspondence Yes No

Fee Invoice Yes No

Scheduled Inspection Yes No

**Each rental unit must be associated with a landlord license. This license may be held by either the property owner or Manager/Agent. Landlord Licenses are available from the Neighborhood Services Division.*

I understand that this application will be used for the purpose of applying for a Rental Dwelling Permit and that by accepting this form, the City of Mason City has not automatically granted a Rental Dwelling Permit for this property. I hereby certify that all information contained herein is true and accurate. I understand that if any of the above information changes, a new registration is required within 30 days of such change. I hereby grant permission to the City of Mason City to make inspections of the structure listed herein to determine its compliance with City Rental Housing codes. I agree to maintain the premise to standards which are set by the City of Mason City at all times. I understand that failure to comply with these requirements may result in monetary fines and/or non-issuance or revocation of a Rental Dwelling Permit.

Signature

Date

Rental Unit Inventory on back page



Neighborhood Services Division

10 1st St NW Mason City IA 50401

TEL: 641-421-3380

FAX: 641-421-3629

www.masoncity.net

RENTAL UNIT INVENTORY

Complete for each multi-family and mixed use building listed on the application on the reverse side of this page.
You may make additional copies of this page if necessary

In order for the City to implement its Rental Housing Inspection program, we need to collect certain information about your rental property. This information will be used to determine how much time is needed to inspect your property. It will also be used to notify your tenants of upcoming inspections, when required. Please complete this page for the building identified on the reverse side. If there are more than 14 units in the building, you can copy this page and attach it to the application. If there is more than one building on the property, please complete a separate inventory page for each building.

LEGAL ADDRESS OF BUILDING: _____

Please type or print legibly. Attach additional pages as needed.

	<i>Mailing Address of Unit</i>
<i>ex.</i>	<i>2435 Red Oak Lane, Apt #4C</i>
1	
2	
3	
4	
5	
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9	
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11	
12	
13	
14	



Neighborhood Services Division