

RENTAL DWELLING PERMIT APPLICATION

Single Family or Duplex Unit Complete one application per building Please type or print legibly

New Application \square	Renewal 🗆	New Construction \Box		Transfer \square	
Legal address of rental unit:					
Type of dwelling:	Single Family ☐ Duplex		olex 🗆		
Mailing address of rental unit(s	s):				
OWNER INFORMATION					
Owner of Record:					
Company Name (if any):					
Mailing Address:					
City:				Zip:	
Telephone:					
		*Landlord License #			
Email:					
Correspondence □Y	'es □No Fee Invoi	ice □Yes □No	Scheduled	Inspection □Yes □No	
MANAGER or AGENT INFORM	ATION (if applicable)				
Name:					
Company Name (if any):					
Mailing Address:					
City:		State:	Z	Zip:	
Telephone:		Cell:			
Fax:	*Landlord License #				
Email:					
Manager/Agent to receive: Correspondence □Yes □N	No Fee Invoice □Yes [□No Sched	luled Inspection	n □Yes □No	
*Each rental unit must be associated with Landlord Licenses are available from the		may be held by either the	property owner or I	Manager/Agent.	
I understand that this application will Mason City has not automatically gra and accurate. I understand that if any grant permission to the City of Masor codes. I agree to maintain the premisthese requirements may result in model.	nted a Rental Dwelling Permit y of the above information cha n City to make inspections of th se to standards which are set b	for this property. I here anges, a new registratio he structure listed herei by the City of Mason Cit	eby certify that all n is required withi n to determine its y at all times. I un	information contained herein is truen 30 days of such change. I hereby compliance with City Rental Housin derstand that failure to comply with	
Signature		Date			
	OF	FICE USE ONLY			
Received:	Entered:		RD#:		

Neighborhood Services Division