



RENTAL DWELLING PERMIT APPLICATION

Multi-Family and Mixed Use Units

Complete one application per building

Please complete all fields and type or print legibly

Fees are due at the time of application

New Application

Renewal

New Construction

Transfer

Address of building: _____

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

Fees: \$125.00 first unit in each building \$20.00 each additional unit in each building

Total number of units in the building: _____ Number of buildings in the complex: _____

**To schedule inspections and send notices of upcoming inspections, we need to know the mailing address of each unit in the complex. Complete the Rental Unit Inventory on the reverse side of this form.*

OWNER INFORMATION

Owner of Record (name on deed): _____

Company Name (if different): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Mobile: _____

Email: _____

MANAGER or AGENT INFORMATION (if applicable)

Primary Contact: _____

Company Name (if different): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Mobile: _____

Email: _____

In addition to this application, you must provide a **Furnace Inspection** for each unit that is no more than two (2) years old. Please contact a heating/cooling contractor to arrange for this inspection. **The permit cannot be issued for any unit until a valid furnace inspection has been submitted.**

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, non-issuance or revocation of a Rental Dwelling Permit, or a combination thereof.

Signature

Date

Rental Unit Inventory on back page

RENTAL UNIT INVENTORY

Please make additional copies of this page if necessary

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 18 units in the building, please copy this page and attach it to the application. If there is more than one building on the property, please complete a separate application and inventory for each building.

ADDRESS OF BUILDING: _____

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

	<i>Mailing Address of Each Unit</i>
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	

Development Services Department

10 1st St NW Mason City IA 50401 TEL: 641-421-3380 FAX: 641-421-3629 E: rentalhousing@masoncity.net