



**RENTAL DWELLING PERMIT APPLICATION**

Single Family or Duplex Unit

Complete one application per unit

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 rental unit: \_\_\_\_\_

Type of dwelling and fee amount:      Single Family (\$75.00)       Duplex  (\$50.00 per unit)

**OWNER INFORMATION**

Owner of Record (name on deed): \_\_\_\_\_

Landlord 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

**Development Services Department**

10 1<sup>st</sup> St NW Mason City IA 50401

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