

2018 RESIDENTIAL RENTAL PROPERTY PERMIT APPLICATION

Building Department
Rental Inspector: Dawn Baker



MAIL WHITE COPY

Checks Payable To: City of Coralville
PO Box 5127 Coralville, IA 52241
PHONE: 319-248-1720
EMAIL: dstoddard@coralville.org

This is your only notice to pay and failure to pay may result in a municipal citation.

By renewing your Rental Permit and signing this form you or your representative are stating the properties listed below are in compliance with the City of Coralville Rental Code Chapter 145 of Coralville Code of Ordinances.

CHECK ONE:

NEW RENEWAL

OFFICE USE: CHECK#

RECEIVED DATE:

RENTAL PROPERTY ADDRESS _____ PERMIT NUMBER _____

TYPE OF RENTAL UNIT: _____ NUMBER OF BED ROOMS _____

OWNERS NAME _____

OWNERS ADDRESS _____

BUSINESS NAME _____ BUSINESS TYPE: Individual Partnership Corporate Trust

OWNER HOME PHONE# _____ OWNER MOBILE PHONE# _____

EMERGENCY CONTACT NAME + PHONE# _____

PROPERTY MANAGER OR AGENT _____

OFFICE PHONE# _____ MOBILE PHONE# _____ EMAIL _____

EMERGENCY AGENT CONTACT _____

All Property Owners Must Have A Local Individual Or Agent If You Live More Than 50 Miles Outside of Coralville.

ANNUAL FEE SCHEDULE (Each separate tax parcel has a fee)

CONDOMINIUM	#UNITS _____ X	50.00	\$ _____
SINGLE FAMILY		50.00	\$ _____
ZERO LOT		50.00	\$ _____
CO-OP OWNED COMPLEX	#UNITS _____ X	50.00	\$ _____
OWNER OCCUPIED DUPLEX		50.00	\$ _____
DUPLEX (one tax parcel)		51.00	\$ _____
4 PLEX (one tax parcel)		67.00	\$ _____
8 PLEX (one tax parcel)		99.00	\$ _____
12 PLEX (one tax parcel)		131.00	\$ _____

COMMERCIAL BUILDINGS w/APARTMENTS:

_____ Buildings X \$35.00 = _____ + # _____ Apartments X \$8.00 = _____ \$ _____

APPLICANT'S SIGNATURE _____ DATE SIGNED _____ TOTAL PAID \$ _____