

# ALTOONA DEPARTMENT OF HOUSING

## INSPECTION & CERTIFICATE APPLICATION

Municipal Ordinance Chapter 162 requires that all residential rental properties and their related accessory structures be inspected and approved in accordance with the 2006 International Property Maintenance Code and this Ordinance.

### ***One Application for Each Building***

Application Date: \_\_\_\_\_ Address of Property: \_\_\_\_\_

Legal Description of Property: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **NOTE:**

*Owners of residential rental properties in the city who reside in a county other than Polk County or any county contiguous thereto shall provide the Department of Housing with the name, physical address and telephone number of an individual over the age of 18 who shall reside in Polk County or any county contiguous thereto and shall be designated as agent for receiving notice and service of process.*

Applicant Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

\_\_\_\_\_ Email \_\_\_\_\_

If applicant is not the owner please attach written, signed authorization from owner and indicate below interest held in property

Owner's Agent

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Fax: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

Contract Buyer

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Fax: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

Holder of any mortgage or deed of trust or other lien or encumbrance of record

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Fax: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

Number of Units: \_\_\_\_\_

Number and Type of Accessory Structures: \_\_\_\_\_

Year Built: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Application Inspection Fee:**

|                                      |    |     |
|--------------------------------------|----|-----|
| Single Family                        | \$ | .00 |
| Two Family/Duplex                    | \$ | .00 |
| Multi Family first unit plus         | \$ | .00 |
| Ea. additional unit x's Fee Schedule | \$ | .00 |
| <b>SUBTOTAL</b>                      | \$ | .00 |
| *Penalty Fee                         | \$ | .00 |
| <b>TOTAL</b>                         | \$ | .00 |

| Fee Schedule  |                             |
|---|-----------------------------|
| Single Family   | \$105.00                    |
| Two Family/Duplex                                       | \$125.00                    |
| Multi Family  |                             |
| first unit  | \$118.00                    |
| each additional unit                                    | \$ 22.00                    |
| <b>*Failure to register and/or maintain certificate</b> | <b>\$ Double Fee amount</b> |

\_\_\_\_\_  
Applicant's Signature

\*NOTE: Penalty Fee applies if owner fails to register property and obtain certificate prior to letting property out to rent. Penalty Fee also applies if owner fails to register property and obtain new certificate prior to previous certificate expiration date and property is continued to be lent out for rent. Total registration fee shall be a sum equal to twice the amount of registration fee set forth in Fee Schedule.

**NOTICE**

1. A new owner shall provide the information as requested on this form within 5 days from the date of any change of ownership.
2. No rental certificates shall be issued nor shall any rental inspections be conducted to any person who owes the City any fees.
3. This application does not permit nor grant any alterations, remodeling, demolition, enlargement, conversion and/or improvement of any area or space. Proper construction permits shall be obtained for any applicable work prior to construction.
4. The owner is responsible to make certain their residential rental property has a valid certificate.
5. The owner is responsible in notifying all tenants of an inspection in accordance with the State of Iowa Landlord Tenants Law, Iowa Administrative Code Chapter 562A.

**Violations** – Violation of Municipal Ordinance Chapter 162 is deemed a Municipal Infraction and punishable accordingly.

**OFFICE USE ONLY**

Inspector Assigned: \_\_\_\_\_

Date Contacted Owner/Owner Agent: \_\_\_\_\_

Inspection Date: \_\_\_\_\_

Inspection            Passed            Failed

Re-Inspection Date: \_\_\_\_\_

Re-Inspection        Passed            Failed