

ALTOONA DEPARTMENT OF HOUSING

RE-INSPECTION REQUEST

Date of Request: _____ Property Address: _____

Applicant: _____ Phone: _____
Address: _____ Fax: _____

Email: _____

Signature: _____

By signing the request you are acknowledging that you are the owner or agent of the owner associated with this property. Furthermore you acknowledge that you understand the conditions and responsibilities as listed below.

NOTE:

1. If the work performed is incomplete or access is denied to inspection staff then another Re-Inspection form plus payment of fee must be received prior to conducting any further inspections.
2. A certificate will not be issued for the building unless each dwelling unit complies with the provisions set forth in Municipal Ordinance Chapter 162.
3. In instances where re-inspection fees have been assessed, no additional inspections will be performed until the required fees have been paid.
4. 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.

Re-Inspection Fee:
\$45.00 per trip plus
\$10.00 per unit for which
a violation still exists,
multiplied by the number
of applicable units.

Basic Fee:	\$45.00
Number of Units:	
x' s \$10.00 =	\$
Total:	\$

OFFICE USE ONLY

Inspector Assigned: _____

Date Contacted Owner/Owner Agent: _____

Re -Inspection Date: _____

Inspection Passed Failed