

PIN: _____



RENTAL HOUSING PERMIT APPLICATION

City of West Burlington
122 Broadway
West Burlington, IA 52655
Phone: (319) 752-5451

Date _____ Rental Unit Address _____ Bldg # _____

Description of Premises _____

Owner _____ Phone: _____

Address: _____

Name of Managing Agent: _____ Phone: _____

Address: _____

City, State, Zip: _____

Date to begin renting unit _____

Number of units at this address: _____

Registration Fee: \$250 (if registered by APRIL 1, 2009, OR within 90 days of purchase, transfer of title, or change from owner-occupancy, the fee will be waived)

Office Use Only: Amount _____ Check # _____ Receipt # _____ Total City Fee: _____

INSPECTOR CERTIFICATION

I, _____, hereby state that I have inspected the rental unit(s) located at the address listed above and I certify this/these unit(s) comply on this date _____ with the provisions of the City of West Burlington Rental Housing Code.

Inspector

TEMPORARY RENTAL HOUSING PERMIT

This certificate, issued pursuant to Chapter 153 of the City Code, certifies that at the time of issuance, this/these rental dwelling unit(s) was/were in compliance with the provisions outlines in the City of West Burlington Rental Housing Code. This certificate is granted to the above listed property owner to operate and maintain rental dwelling unit(s) at: _____ in the City of West Burlington, Iowa, as required by Ordinance 604 passed December 17, 2008. This certificate may be suspended under the provisions of the above order.

Inspector

Date

THIS PERMIT IS VALID UNTIL THE DATE A RENTAL PERMIT IS ISSUED BY THE INSPECTOR