

# 2021 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  SHORT TERM

**OFFICE USE: CHECK#**

**RECEIVED DATE:**

**RENTAL PROPERTY ADDRESS** \_\_\_\_\_

TYPE OF RENTAL UNIT: \_\_\_\_\_ NUMBER OF BED ROOMS \_\_\_\_\_

**OWNERS NAME** \_\_\_\_\_

**OWNERS ADDRESS** \_\_\_\_\_ **EMAIL** \_\_\_\_\_

**BUSINESS NAME** \_\_\_\_\_ **BUSINESS TYPE:** Individual  Partnership  Corporate  Trust

**OWNER HOME PHONE#** \_\_\_\_\_ **OWNER MOBILE PHONE#** \_\_\_\_\_

**PROPERTY MANAGER OR AGENT** \_\_\_\_\_

**OFFICE PHONE** \_\_\_\_\_ **MOBILE** \_\_\_\_\_ **EMAIL** \_\_\_\_\_

**EMERGENCY CONTACT OR EMERGENCY AGENT CONTACT**  
**+PHONE#** \_\_\_\_\_

*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	#UNITS _____ X 50.00 \$ _____
ZERO LOT	#UNITS _____ X 50.00 \$ _____
CO-OP OWNED UNITS/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 UNITS IN BUILDING (NOT CONDOS):**

#Buildings \_\_\_\_\_ X \$35.00 = \_\_\_\_\_ + #UNITS \_\_\_\_\_ X \$8.00 each = \$ \_\_\_\_\_

**APPLICANT'S SIGNATURE** \_\_\_\_\_ **DATE SIGNED** \_\_\_\_\_ **TOTAL PAID \$** \_\_\_\_\_