

2020 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 <input type="checkbox"/> Partnership <input type="checkbox"/> Corporate <input type="checkbox"/> Trust <input type="checkbox"/>	
OWNER HOME PHONE# _____	OWNER MOBILE PHONE# _____
PROPERTY MANAGER OR AGENT _____	
OFFICE PHONE _____	MOBILE _____ EMAIL _____
EMERGENCY CONTACT OR EMERGENCY AGENT CONTACT	
+PHONE# _____	
<i>All Property Owners Must Have A Local Individual Or Agent If You Live More Than 50 Miles Outside of Coralville.</i>	

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 \$ _____

