



# Sioux City Rental Housing Permit Application



Inspection Services Division  
405 6<sup>th</sup> St P.O. Box 447  
Sioux City, IA 51102  
Ph (712) 224-5216  
Fax (712) 279- 6188

## Date of Application \_\_\_\_\_

### Section 20.50.160 Rental permit fee schedule

All landlords must pay an annual permit fee in accord with the following schedule:

- **\$20.00** for mobile homes and single family dwellings
- **\$25.00** for duplexes (if you occupy one unit, you can deduct \$5.00)
- **\$50.00** for new registration fee.

Fees for multi-unit structures are **\$20.00** for the first unit with an additional fee of **\$5.00** for each additional unit in the structure. The first annual rental registration fee and the \$50.00 new registration fee must be paid at the time you register the property in our office. You will receive statements by mail for subsequent annual rental registration renewal fees.

### Section 20.05.190 Application for rental permit.

1. Iowa State law requires all landlords to register all rental dwellings before allowing them for rent – tenants are not legally obligated to pay rent for unregistered rental units. A rental registration fee of fifty (\$50.00) per rental structure is required at the time of application to register a dwelling unit. The rental registration fee shall be waived on new construction projects, which have final inspection approval and have been issued a Certificate of Occupancy with no occupancy of rental units occurring prior to the issuance of the rental permit.
2. At the time of new or first registration, an initial inspection of the dwelling unit will be scheduled.
3. Following the initial inspection, if it is determined by the inspector that the dwelling unit meets minimum standards of this Code, a rental permit will be issued.
4. Registration fees are non-refundable when an initial inspection of the dwelling unit has been performed by the Inspection Services Division (Ord. 2008-0926, 2001-0563)

Address of property: \_\_\_\_\_

Will this property be placed on the Section 8 Rental Assistance Program? Yes \_\_\_ No \_\_\_

Owner's Name: \_\_\_\_\_

Company or Corporation Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Phone 1 (\_\_\_\_) \_\_\_\_\_ Phone 2 (\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Name of Property Mgr. or Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Phone 1 (\_\_\_\_) \_\_\_\_\_ Phone 2 (\_\_\_\_) \_\_\_\_\_

Check one  
Single Family \_\_\_ Duplex \_\_\_ Multiple Family \_\_\_ (# of units) \_\_\_  
Number of off street hard surfaced parking places \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Make check for appropriate fee payable to the City Treasurer**

For office use only

Zone Classification: \_\_\_\_\_ Lot area: \_\_\_\_\_ Approved \_\_\_\_\_ Disapproved \_\_\_\_\_

Zoning Officer: \_\_\_\_\_