

Sioux City Rental Housing Permit Application

405 6th Street P.O. Box 447 Sioux City Ia. 51102

Date of Application _____

Section 20.05.160 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)

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 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. All landlords must register all rental dwellings before offering them for rent. A rental registration fee of fifty dollars (\$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 received final inspection approval and have been issued a Certificate of Occupancy with no occupancy of rental units occurring prior to the issuance of a 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 (____) _____

Name of Property Mgr. or Contact Person: _____

Address: _____ City: _____ State: _____

Zip Code: _____ Phone 1 (____) _____ Phone 2 (____) _____

Single Family ___ (number of bed rooms) ___ Duplex ___ Multiple Family ___ (# of units) ___
Number of off street hard surfaced parking places _____

Check one

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: _____