

For office use only:

Receipt Number _____
Date Received _____
Expiration Date _____

Approved By _____
Date Approved _____
Last Inspected _____

City of University Heights Rental Permit Application

Dwelling Address _____

Owner's Name _____
Owner's Address _____
Owner's Telephone _____
Owner's Email _____

Permit # _____
Permit # _____
Permit # _____

An owner that does not reside in Johnson County must designate a Registered Agent to represent the property owner

Registered Agent _____
Registered Agent Address _____
Registered Agent Telephone _____
Registered Agent Email _____

Please send all correspondence and inquiries to Owner Registered Agent

Tenants: Please list the names of tenants, including those less than 18 years of age, who will occupy this dwelling: (An applications will not be approved if this information is not provided.)

Name of Tenant:	Name of Tenant
1. _____	4. _____
2. _____	5. _____
3. _____	6. _____

In the event tenants move from or into a dwelling during the course of the rental permit, the owner must provide updated tenant identities to the City within 21 days of the change in any tenant identity.

Occupancy. Applicant's signature is written certification tha the occupancy of eachdwilling unit identified complies with the University Heights Ordianances. These ordinances permit one o rmore persons related by blood, marriage, or adoption splus one unrelated person to occupy dwellings as a single housekeeping unit.

Fees. \$100.00 per dwelling. Make checks payable to "University Heights"

Amount Enclosed \$_____

Applicant's Signature _____ Date Signed _____

Return paymaent and one copy to:
University Heights City Clerk, 1004 Melrose Avenue, University Heights, Iowa 52246
Keep one copy for your receipt