Multiple Family Dwelling (3 or more units in a building)

RENTAL UNIT REGISTRATION FORM

Building Services  500 15TH AVE SW  Cedar Rapids, IA  52404
Housing (319) 286-5197 / Fax (319) 286-5830 / CED Main Line (319) 286-5831

CITY ISSUED LANDLORD BUSINESS PERMIT NUMBER ____________________________

(PLEASE PRINT)
Multiple Family Address/Complex Name: ____________________________________________

Purchase Date __________________

Property Office Address: __________________________________________________________
Street City St Zip

Property Office Phone: _______________ Fax: _______________ Email: ____________________

Type Rental Unit Property: ___Apartment; ___Co-Op = GPN ____________________________ ; Condo ___
See Inventory B

Date of Last Rental Inspection: __________
Total # of Buildings: __________
Total # of Rental Units: __________

mm/yyyy

Owner Information: ____________________________________________________________ Phone #: _______________
Name

Address: __________________________________________________________________________
Street City State Zip

Email Address: _________________________________________________________________ Secondary #: _________________________

(If Applicable)

Property Mgmt / Operator Information: ____________________________________________
Company Name

Contact Name/Registered Agent: __________________________________________________ License #: _______________________

Business Address: __________________________________________________________________

Phone # ______________ Fax # ______________ Cell # __________________________

Email Address: ____________________________________________________________________

The person signing this form acknowledges that this property is a residential rental unit and that the owner / operator / Agent
has obtained a landlord business permit by the City of Cedar Rapids pursuant to Chapter 29 of the Municipal Code for this activity.
Should any registration information change, the Housing Inspections Department shall receive a Change of Information or
Deletion Form within thirty (30) calendar days after the change occurs unless prior arrangements are made with this office.
Failure to comply with the provisions of this chapter or to falsify any information on this application may result in the revocation,
suspension or denial of this registration.  Fees, Fines and Penalties will be assessed in accordance to law.  Annual Registration
Fees = $30.00 per building + $10.00 per Unit. Rental Registration fees paid are only good until June 30th. Fees will NOT be
prorated.

Signature: ____________________________ Date: ______________
NOTE: CONDO Rental Units must be listed on INVENTORY B, all others use INVENTORY A.

INVENTORY A (used for all units that share a single GPN)

ZIP CODE___________

+++ Type of Rental Unit: _____Apartment; ______Co-Op   # of Rental Units in the building:___________
Rental Unit Address (s):______________________________________________________________________
  Street Number(s)                                Street Name

+++ Type of Rental Unit: _____Apartment; ______Co-Op   # of Rental Units in the building:___________
Rental Unit Address (s):______________________________________________________________________
  Street Number(s)                                Street Name

+++ Type of Rental Unit: _____Apartment; ______Co-Op   # of Rental Units in the building:___________
Rental Unit Address (s):______________________________________________________________________
  Street Number(s)                                Street Name

+++ Type of Rental Unit: _____Apartment; ______Co-Op   # of Rental Units in the building:___________
Rental Unit Address (s):______________________________________________________________________
  Street Number(s)                                Street Name

+++ Type of Rental Unit: _____Apartment; ______Co-Op   # of Rental Units in the building:___________
Rental Unit Address (s):______________________________________________________________________
  Street Number(s)                                Street Name

+++ Type of Rental Unit: _____Apartment; ______Co-Op   # of Rental Units in the building:___________
Rental Unit Address (s):______________________________________________________________________
  Street Number(s)                                Street Name

+++ Type of Rental Unit: _____Apartment; ______Co-Op   # of Rental Units in the building:___________
Rental Unit Address (s):______________________________________________________________________
  Street Number(s)                                Street Name

+++ Type of Rental Unit: _____Apartment; ______Co-Op   # of Rental Units in the building:___________
Rental Unit Address (s):______________________________________________________________________
  Street Number(s)                                Street Name

+++ Type of Rental Unit: _____Apartment; ______Co-Op   # of Rental Units in the building:___________
Rental Unit Address (s):______________________________________________________________________
  Street Number(s)                                Street Name

+++ Type of Rental Unit: _____Apartment; ______Co-Op   # of Rental Units in the building:___________
Rental Unit Address (s):______________________________________________________________________
  Street Number(s)                                Street Name

+++ Type of Rental Unit: _____Apartment; ______Co-Op   # of Rental Units in the building:___________
Rental Unit Address (s):______________________________________________________________________
  Street Number(s)                                Street Name
INVENTORY B (used for all rental condo units that have their own GPN)

ZIP CODE___________  ### Number of Rental Units in the building:_________  Number of Units in building Not Rental:_________

Address: ___________________________________________  GPN: ____________________________
Street

Address: ___________________________________________  GPN: ____________________________
Street

Address: ___________________________________________  GPN: ____________________________
Street

Address: ___________________________________________  GPN: ____________________________
Street

Address: ___________________________________________  GPN: ____________________________
Street

Address: ___________________________________________  GPN: ____________________________
Street

Address: ___________________________________________  GPN: ____________________________
Street

### Number of Rental Units in the building:_________  Number of Units in building Not Rental:_________

Address: ___________________________________________  GPN: ____________________________
Street

Address: ___________________________________________  GPN: ____________________________
Street

Address: ___________________________________________  GPN: ____________________________
Street

Address: ___________________________________________  GPN: ____________________________
Street

Address: ___________________________________________  GPN: ____________________________
Street

Address: ___________________________________________  GPN: ____________________________
Street

Address: ___________________________________________  GPN: ____________________________
Street