

New Rental Property Request Form

New rental definition: A new rental is a property, which has not been registered with the City of Marshalltown within the last six months. This may include new construction, older home conversions, or changes from owner occupied to renter occupied status.

City of Marshalltown approval is required prior to occupancy. Please complete this form and submit the required attachments:

- Dimensioned property site plan. (Sample plan attached)
- Photos of property including structures and parking area.
- Completed rental registration form.

Parcel Identification Number (PIN):	Year Built:
Address of proposed rental property:	
Name of tenant only if related to owner by direct line of sanguinity and their relationship to owner (mother, father, brother, sister, daughter, son, grandchild or grandparent): Tenant: _____ Relationship: _____	
Type of Complex: <input type="checkbox"/> Single Family Detached <input type="checkbox"/> Single Family Attached (Duplex) <input type="checkbox"/> Multi-family (3 units or more)	Number of off street parking spaces: _____ <ul style="list-style-type: none"> • A parking space should be at least 180 square feet in area (10x18 or 9x20) • All parking area must be hard surfaced, gravel is not permitted for multi-family complexes (3 or more) • Site plan required to be attached
Number of Units Total: _____ _____ 0 Bedroom (Efficiency) _____ 1 Bedroom _____ 2 Bedroom _____ 3 Bedroom _____ 4 Bedroom _____ 5 Bedroom _____ 6 Bedroom	Required # of Spaces: <ul style="list-style-type: none"> • Single family detached and attached (duplex) = 2 spaces/unit (exclude garage) • 0 Bdrm/Efficiency = 1.5 spaces/unit • 1-2 Bdrm = 2 spaces/unit • 3+ Bdrm = 2.25 spaces/unit
Name of garbage hauler:	
Is this property currently or has it in the past been inspected as part of an EBL (Elevated Blood Lead) case? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: When was it inspected? _____ Is the case closed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you received a copy of the pre-inspection guidelines? <input type="checkbox"/> Yes <input type="checkbox"/> No (Guidelines are available at www.ci.marshalltown.ia.us)	

Owner Name	
Owner Address	
Owner Phone	Owner Fax
Owner E-mail	

Agent Name	
Agent Address	
Agent Phone	Agent Fax
Agent E-mail	

Corporation Name	
Corporation Address	
Corporation Phone	Corporation Fax
Corporation E-mail	

This application has been completed accurately to the best of my knowledge. I understand that occupancy of any of these units is prohibited until a valid letter of compliance has been issued and all applicable codes have been met.

I understand that violation of the City Codes is subject to penalty and could result in denial of the application.

Signature of Owner or Authorized Agent

Date

Vendor ID Number:	Spanish Speaking: <input type="checkbox"/> YES <input type="checkbox"/> NO
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Zoning Department Approval

Zoning District:	Permitted use: <input type="checkbox"/> YES <input type="checkbox"/> NO
Lot area:	Lot area required:
Variance requested: <input type="checkbox"/> YES <input type="checkbox"/> NO Request:	
# of parking spaces required:	Parking area paved: <input type="checkbox"/> YES <input type="checkbox"/> NO

Request Approved Denied

Comments:

Zoning Officer Signature

Date

Building Department Approval [Not applicable if Single Family Dwelling

Change in occupancy: <input type="checkbox"/> YES <input type="checkbox"/> NO
Permitted use: <input type="checkbox"/> YES <input type="checkbox"/> NO
Permit required: <input type="checkbox"/> YES <input type="checkbox"/> NO
Plumbing Survey Completed: <input type="checkbox"/> YES <input type="checkbox"/> NO

Request Approved Denied

Comments:

Building Officer Signature

Date

Electrical Department Approval

Electrical Survey Complete: <input type="checkbox"/> YES <input type="checkbox"/> NO	Inspection Passed: <input type="checkbox"/> YES <input type="checkbox"/> NO
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Request Approved Denied

Comments:

City Electrician Signature

Date

Fire Department Approval [Not applicable if Single Family Dwelling

Request Approved Denied

Comments:

Fire Marshall Signature

Date

Rental Inspection Department Approval

Inspection Complete: <input type="checkbox"/> YES <input type="checkbox"/> NO	Inspection Passed: <input type="checkbox"/> YES <input type="checkbox"/> NO
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Request Approved Denied

Comments:

Rental Inspector Signature

Date