



City of Cedar Falls Public Safety
 4600 Main Street
 Cedar Falls, IA 50613
www.cedarfalls.com

NEW RENTAL / CHANGE OF OWNERSHIP APPLICATION

Applicability: All residential rental properties (including short term rentals, such as Airbnb) must be registered with the City of Cedar Falls and have a current rental permit prior to rental occupancy. Rental permits are not transferable to a new owner. Fill out this application if you are registering a new rental, registering an existing rental that is under new ownership, or are requesting an increase in rental occupancy for an existing rental. The application will be reviewed to determine the occupancy limit of the dwelling unit(s) on the property based on a number of factors, including compliance with zoning and building codes, size of the property, size of the unit(s), configuration of the space within the dwelling, number of legal bedrooms, available on and off-street parking, etc. The City will inspect the exterior of the property to identify issues that need to be addressed to meet City standards. A walk-through of the interior of the dwelling may be required to determine occupancy, at the discretion of the City. The occupancy will be determined by the Group Rental Committee (GRC) or may require referral to the Board of Rental Housing Appeals (BORHA) based on the specific characteristics of the property. Please note there is no guarantee that the occupancy will remain the same at property transfer. Occupancy limits determined by this process do not apply to individuals under the age of 18. You will be notified once the occupancy of the dwelling unit(s) have been determined, along with a list of any known maintenance items or code violations that must be addressed prior to issuance of a rental permit. Decisions of the GRC may be appealed to the BORHA. A rental inspector will schedule a full inspection following the determination of occupancy.

Application Deadline: Applications will be reviewed according to the following schedule:

Application submitted by:	Reviewed by GRC
1 st Wednesday of the Month	3 rd Tuesday of the Month
3 rd Wednesday of the Month	1 st Tuesday of the Month

Mail or submit completed applications, including any required supplemental materials, with the applicable fee to: Public Safety Services, 4600 Main Street, Cedar Falls Iowa 50613. The application and supplemental information may also be emailed to the rental inspector, Matt.Krueger@cedarfalls.com. If you have questions, please contact the Rental Inspector at 319-273-8697. Only complete applications (including supplemental materials) will be accepted for review.

Submit Supplemental Materials if any of the following apply (check box if applicable):

- The rental was originally a single family home, but was previously converted to two or more units.
- The rental is a single family home and the request is for three or more adults.
- The rental is a duplex.

If yes on any of the above questions then the following information is required:

SUPPLEMENTAL MATERIALS CHECKLIST:

- Letter explaining why the requested occupancy is appropriate for the property
- Photographs of the interior (include every room) and exterior (all 4 sides) (.jpeg or .tif files)
- Detailed interior floor plan, denoting:
 - dimensions of each room
 - doors (interior and exterior)
 - windows
 - mechanicals (furnace, water heater, electrical panel)
 - closets
 - stairs (interior and exterior)
- Detailed site plan/property sketch denoting the lot lines with dimensions and:
 - Label the locations and dimensions of: dwelling, driveway, parking areas, detached structures;
 - Label the distance between the dwelling and the front, side, and rear lot lines (setbacks);
 - Label the type of parking and driveway surfaces (gravel, concrete, asphalt, etc.);
- List of all rental properties owned or with ownership interest in Cedar Falls.

For staff review only:

Application received:	____/____/____	Complete?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Owner Information

Owner's Name:	
Owner's Address:	
Phone:	Street _____ City, State _____ ZIP _____
E-mail:	

Rental Property Manager *(Required for out of town owner or if different from owner)**

Manager's Name:	
Manager's Address:	
Phone:	Street _____ City, State _____ ZIP _____
E-mail:	

*Property managers are preferred to be from the metro area.

Rental Property Information

Rental Property Address:	
Lot Size:**	_____ feet wide by _____ feet long/ square footage of lot _____
Zoning:**	<input type="checkbox"/> R-1SF, Single Family Residence District <input type="checkbox"/> R-1, Residence District <input type="checkbox"/> R-2, Residence District <input type="checkbox"/> R-3, Multiple Residence District <input type="checkbox"/> R-4, Multiple Residence District <input type="checkbox"/> MU, Mixed Use Residential District <input type="checkbox"/> RP, Planned Residence District <input type="checkbox"/> CD-DT, Character District- Downtown <input type="checkbox"/> Other: _____
Date of ownership change	_____
Was the property a registered rental at time of transfer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of Dwelling Units on the Property:	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> Other: _____

**This information can be found here: <https://gis.cedarfalls.com/h5/?viewer=public>

Rental Property Information (continued)

<p>Proposed Number of Persons Aged 18 Years or Older Requested for <u>Each Dwelling Unit</u> on the Property*:</p>	<p>Unit 1: _____ persons aged 18 years or older Address: _____</p> <p>Unit 2: _____ persons aged 18 years or older Address: _____</p> <p>Unit 3: _____ persons aged 18 years or older Address: _____</p> <p>If there are more units, please attach additional sheet providing all applicable information, as requested on other units above.</p>
<p>Description of Number of Bedrooms in each Unit</p>	<p>Unit 1: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5+ Bedrooms Unit 2: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5+ Bedrooms Unit 3: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5+ Bedrooms</p> <p>If there are more units or more bedrooms, please attach additional sheet</p>
<p>Parking on the Property:</p>	<p>Garage: <input type="checkbox"/> Yes <input type="checkbox"/> No Garage size: _____ feet wide by _____ feet long Number of garage stalls: _____</p> <p>Is the entire garage available for tenant parking? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain: _____</p> <p>Driveway: <input type="checkbox"/> Paved <input type="checkbox"/> Gravel*** Driveway dimensions: _____ feet wide by _____ feet long (length is measured to your property line, do not include approach/sidewalk)</p> <p>Parking area/lot: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, is the parking lot: <input type="checkbox"/> Paved <input type="checkbox"/> Gravel*** Parking area/lot: _____ feet wide by _____ feet long Access to it is from the: <input type="checkbox"/> Street <input type="checkbox"/> Alley</p> <p>***Please note that gravel is not approved materials for parking or landscape areas. Grass is not an approved material for parking areas.</p>

Building Information	Heating appliance installed at the property that maintains 68°F throughout the unit: <input type="checkbox"/> Yes <input type="checkbox"/> No
	What type of heating is in the unit (check all that apply): <input type="checkbox"/> Electric Baseboard <input type="checkbox"/> Portable Electric <input type="checkbox"/> Forced Air <input type="checkbox"/> Boiler/Radiator <input type="checkbox"/> Radiant (in floor)

RENTAL REGISTRATION FEE

(Please do not include any secondary structures such as sheds or detached garages)

1. Number of Rental Buildings	1 x \$75	\$75.00
2. Inspection Fee for 1 st Unit ¹	1 x \$50	\$50.00
3. Each additional unit within the same structure ²	___ x \$20	\$_____

Add lines 1 through 3 Total Due: \$_____

If an existing rental, last inspection date: _____

When the rental unit passes inspection, a compliance sticker will be issued for your tri-annual rental permit. This will be provided at the time of your rental inspection.

OWNER'S STATEMENT

As owner of the above listed property, I wish to register this property as a rental.

- I understand that payment is due at the time of registration. If the fees are not paid, the registration is invalid. I understand that my rental will be reviewed for zoning compliance. After this review, I agree to a rental inspection.

- I understand there may be improvements required before the permit is issued.

- I understand that a re-inspection fee of \$40 will be charged if violations are not corrected on the return re-inspection date. If violations are corrected the \$40 fee will be waived. Additional fees will be charged for failed re-inspections.

- I understand that all rental properties are subject to standards and regulations of Chapter 11, Housing, of the Cedar Falls Code of Ordinances. Any person violating provisions of this Chapter is subject to any and all penalties set forth in the Cedar Falls Code of Ordinances.

Owner's Name

Owner's Signature

Date

1. The cost of rental inspection is \$50 for each structure including the first unit.
2. \$20 for each additional unit within the structure thereafter.