



RENTAL HOUSING REGISTRATION APPLICATION

City of Waverly
Community Development
200 1st Street NE
Waverly, IA 50677
(319) 352-9208

Rental Property Address _____ # of Units _____

List each unit number (i.e 1A and 1B) _____

Date of Application ___/___/___
New Rental Registration
OR
Update Information

OWNER INFORMATION
Name: _____ Phone: _____
Address: _____ Cell: _____
Email: _____
If provided, we'll use email for routine notifications and information.

RESPONSIBLE LOCAL MANAGER
(If different than Owner)
This person is authorized to act on behalf of the owner concerning all matters of compliance with local ordinances and to receive all communications from the City and to respond on behalf of the owner.
Name: _____ Phone: _____
Address: _____ Cell: _____
Email: _____

REGISTRATION FEE: \$20 PER STRUCTURE AND \$3 PER ADDITIONAL UNIT (No fee for updating information). Please make checks payable to: City of Waverly

Send payment with completed registration form to:
City of Waverly
Community Development & Zoning
PO Box 616
Waverly, IA 50677

Signature of Owner or Responsible Local Manager (Required)

*I certify that this information is true and complete to the best of my knowledge and that I have read a copy of the City of Waverly, Rental Housing Code provided on our website at www.waverlyia.com/rental.

Check this box if you are willing to participate as a landlord participant for mediations involving other landlord violations (§91.9).

Check this box to add owner and/or manager's name, phone number and email address to a Landlord Database for prospective tenants looking for available rental units.

For Office Use Only: ___ Cash OR ___ Check (ck #___) Amount \$___ Permit # ___ - ___
Approved OR ___ Denied By: _____ Date: _____



RENTAL HOUSING SELF-INSPECTION CHECKLIST

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SEPARATE CHECKLIST FOR EACH UNIT

| Unit Identification (print legibly) | |
|--|---|
| Property Address (include unit/apt #): | |
| Date of Inspection : | |
| Number of Bedrooms & Size: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 | |
| 1 st sq. ft of room _____ | 5 th sq. ft of room _____ |
| 2 nd sq. ft of room _____ | <input type="checkbox"/> 6 th sq. ft of room _____ |
| 3 rd sq. ft of room _____ | <input type="checkbox"/> 7 th sq. ft of room _____ |
| 4 th sq. ft of room _____ | <input type="checkbox"/> 8 th sq. ft of room _____ |
| Number of Off-Street Parking Spaces (spaces in garage and on parking surfaces – NOT grass): | |

Please fill out this inspection form for each unit. If filling out for a duplex or multiple dwelling units building, one checklist for each unit will be required.

For more information regarding egress windows and smoke detectors please review the brochures provided on our website (www.waverlyia.com/rental).

Check the box next to each item ONLY if the item is in compliance. If an item needs attention, please state what is to be done and include the date when the item will be in compliance.

| A. Sanitary Facilities | Comments |
|---|----------|
| <input type="checkbox"/> 1. Dwelling unit has properly operating sanitary facilities. | |
| <input type="checkbox"/> 2. The bathroom has a flush toilet in proper operating condition located in a private room. | |
| <input type="checkbox"/> 3. The dwelling unit has a properly operating sink and shower or tub with hot and cold running water. | |
| <input type="checkbox"/> 4. The facilities utilize an approved public or private disposal system. | |
| B. Food Preparation and Refuse Disposal | Comments |
| <input type="checkbox"/> 1. Dwelling unit has suitable space and equipment to store, prepare and serve food in sanitary manner. | |
| <input type="checkbox"/> 2. Adequate facilities/services for the sanitary disposal of waste/refuse, dumpsters or garbage receptacles. | |
| <input type="checkbox"/> 3. Dwelling unit has adequate space and utility hook-ups for oven, stove/range and refrigerator, and equipment is in properly operating condition if supplied by Landlord. | |
| <input type="checkbox"/> 4. The kitchen has a properly operating sink that has hot and cold running water that drains in to an approved public or private system. | |

| C. Space and Security | Comments |
|--|-----------------|
| <input type="checkbox"/> 1. Dwelling unit contains at least one of each: living room, kitchen, bathroom and compliant sleeping room. | |
| <input type="checkbox"/> 2. Windows and exterior doors that are accessible from the outside are capable of being opened and locked. | |
| D. Thermal Environment | Comments |
| <input type="checkbox"/> 1. Dwelling unit is capable of maintaining a thermal environment healthy for a human body. | |
| <input type="checkbox"/> 2. There is a safe and properly operating system that provides adequate heat, either directly or indirectly, to each room. | |
| <input type="checkbox"/> 3. Dwelling unit does not contain unvented room heaters that burn gas, oil, or kerosene. Electric heaters are acceptable. | |
| E. Illumination and Electricity | Comments |
| <input type="checkbox"/> 1. Each room has adequate natural or artificial light. | |
| <input type="checkbox"/> 2. Dwelling unit has sufficient electrical sources. The electrical fixtures/wiring ensure safety from fire. | |
| <input type="checkbox"/> 3. At least one window is in the living room and each sleeping room, unless egress window is not required. | |
| <input type="checkbox"/> 4. The kitchen and bathroom each have a permanent, properly operating ceiling or wall light fixture. | |
| <input type="checkbox"/> 5. The kitchen has at least one properly operating grounded electrical outlet. | |
| <input type="checkbox"/> 6. The living room and each bedroom have at least two properly operating electrical outlets. | |
| F. Structure and Materials | Comments |
| <input type="checkbox"/> 1. Dwelling unit is structurally sound with no threat to the health and safety of occupants, and will protect the occupants from the environment and rodents. | |
| <input type="checkbox"/> 2. Interior ceilings, walls and floors do not have any serious defects. | |
| <input type="checkbox"/> 3. The roof is structurally sound and weather-tight. | |
| <input type="checkbox"/> 4. Exterior wall structure and surfaces do not have any serious defects (holes, open siding, etc.) | |
| <input type="checkbox"/> 5. Interior and exterior stairs, halls, porches, walkways, etc. are maintained so there is no danger of tripping and falling. | |
| <input type="checkbox"/> 6. Handrails are installed on all stairs with four or more risers. | |
| <input type="checkbox"/> 7. Porches and balconies more than 30" high have guardrails with openings not more than 4" wide. | |
| <input type="checkbox"/> 8. Gutters and downspouts are not missing, loose or disconnected. | |

| | |
|--|-----------------|
| <input type="checkbox"/> 9. Elevators, if present, must be working and safe. | |
| G. Interior Air Quality | Comments |
| <input type="checkbox"/> 1. Dwelling unit is free from dangerous levels of air pollution, carbon monoxide, sewer gas, fuel gas, dust and other harmful pollutants. | |
| <input type="checkbox"/> 2. Dwelling unit has adequate air circulation. | |
| <input type="checkbox"/> 3. Bathroom has at least one operable window to the outside or other adequate exhaust ventilation. | |
| <input type="checkbox"/> 4. Sleeping rooms have at least one operable window unless no egress window is required. | |
| H. Water Supply | Comments |
| <input type="checkbox"/> 1. Dwelling unit is served by an appropriate public or private, sanitary water supply. | |
| I. Lead-Based Paint | Comments |
| <input type="checkbox"/> 1. Lead-Based Paint Poisoning Prevention Act (42 U.S.C. 4821-4846), Residential Lead-Based Paint Hazard Reduction Act of 1992 (42 U.S.C. 4851-4856) and implementing regulations at part 35, subparts A, B, M and R of this title apply to dwelling units under this Code. Pamphlet to be provided to lessee for structures built prior to 1978. Pamphlet available for download at www.waverlyia.com or by contacting the Waverly Community Development Office. | |
| J. Access | Comments |
| <input type="checkbox"/> 1. Dwelling unit is able to be used/maintained without unauthorized use of other private properties. | |
| <input type="checkbox"/> 2. Building has an alternate means of exit in case of fire (fire stairs, egress through window). | |
| <input type="checkbox"/> 3. All sleeping rooms above grade have an operable egress window for escape compliant with size requirements in building code, unless such room was designed and built as a sleeping room and was compliant at the time it was constructed. | |
| <input type="checkbox"/> 4. Sleeping rooms in the basement have operable egress window(s) compliant with size requirements in the current building code unless it meets such code because of sprinkling and means of access to the outside. | |
| K. Sanitary Condition | Comments |
| <input type="checkbox"/> 1. Dwelling unit and its equipment are in sanitary condition, and free of vermin and rodent infestation. | |
| <input type="checkbox"/> 2. Garbage and recycling containers are supplied. | |

| L. Smoke Detectors | Comments |
|--|----------|
| <input type="checkbox"/> 1. Each dwelling unit has at least one battery-operated or hard-wired operating smoke detector on each level of the unit, including basements. | |
| <input type="checkbox"/> 2. Smoke detectors are installed in accordance with a meet the requirements of the National Fire Protection Association Standard (NFPA) 74 (or its successor standards). See www.waverlyia.com | |
| <input type="checkbox"/> 3. If the dwelling unit is occupied by any hearing-impaired person, the smoke detectors have an alarm system designed for hearing-impaired persons as specified in NFPA 74 (or successor standards). | |
| M. Occupancy Limitations | Comments |
| <input type="checkbox"/> 1. Sleeping rooms have a minimum ceiling height of 7 feet. | |
| <input type="checkbox"/> 2. Sleeping rooms occupied by one adult contain a minimum of 70 square feet, or 120 square feet for room occupied with two adults. | |
| <input type="checkbox"/> 3. No more than two adults in a one-bedroom unit or four adults in a two-bedroom unit. Units with three bedrooms or more have no more adults than the number of sleeping rooms plus one. An adult is someone who is 18 years or older and not in high school. No limitation for children. | |
| N. Accessory Structures | Comments |
| <input type="checkbox"/> 1. Garages, sheds and other accessory structures are maintained in good condition. | |
| <input type="checkbox"/> 2. Walkways and sidewalks are maintained in good repair. | |
| O. Off-Street Parking | Comments |
| <input type="checkbox"/> 1. A maximum of one third of a front yard lot width is used for required off-street parking (ie: if 66 feet wide, can use up to 22 feet wide improved parking area). | |
| <input type="checkbox"/> 2. Unit has sufficient off-street parking. Please check which of the following apply. | |
| <input type="radio"/> i. Single/duplex dwelling units have a minimum of two spaces for each unit; three spaces for units with three bedrooms and four spaces for units with four or more bedrooms. | |
| <input type="radio"/> ii. Structures with multiple dwelling units have one space for each efficiency (studio) unit; one and one-half space for each one bedroom unit; two spaces for each two or more bedroom unit. | |
| <input type="radio"/> iii. Multiple dwellings for the elderly and disabled have three-quarters space per unit. | |
| <input type="checkbox"/> 3. There is no practical space or alternative for the off-street parking required [owner may apply to the Board of Adjustments for a variance of this section. See Section 91.3. (f)]. (Describe hardship) | |



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I certify that I have inspected the aforementioned unit and that the information above is true and correct to the best of my knowledge.

Name (Please print): _____ **Phone Number:** _____

Relationship to the Property: _____

Signature: _____ **Date:** _____