

For Office Use Only

Check Number _____

Date Received _____

Inspection Date _____

Approved By _____

Date Approved _____

City of University Heights Certificate of Structure Compliance Application

Dwelling Address: _____

Owner's Name: _____

Owner's Address: _____

Owner's Telephone: _____

Owner's Email _____

Property Manager: _____
(owner if no prop. mgr.)

Manager's Address _____

Manager's Telephone _____

Manager's Email _____

Please send all correspondence and inquiries to : Owner Property Manager

Fees: \$80.00 per dwelling

Make checks payable to "City of University Heights"

Applicant Signature

Date Signed: _____

Rental Housing Inspector's Signature

Date Signed: _____

Return payment and form to:
University Heights City Clerk, 1302 Melrose Ave. University Heights, IA 52246
Phone 319-337-6900
Make a copy for your receipt