

ONE & TWO FAMILY HOUSING INSPECTING CHECKLIST

Owner Name: _____

Property address: _____

Date of Inspection: _____

Inspector: _____

AREA OF INSPECTION	COMPLAINT		COMMENTS
	Y	N	
1 Fences	<input type="checkbox"/>	<input type="checkbox"/>	
2 Dumpsters	<input type="checkbox"/>	<input type="checkbox"/>	
3 Trash, building materials, junk cars, branches, clippings, etc.	<input type="checkbox"/>	<input type="checkbox"/>	
4 Fire wood storage	<input type="checkbox"/>	<input type="checkbox"/>	
5 Sidewalks, driveways, stairs, handrails	<input type="checkbox"/>	<input type="checkbox"/>	
6 Address numbers visible from street	<input type="checkbox"/>	<input type="checkbox"/>	
<u>EXTERIOR STRUCTURAL:</u>			
1 Foundation, drainage, exterior walls, siding and painted surface	<input type="checkbox"/>	<input type="checkbox"/>	
2 Roofing structural condition	<input type="checkbox"/>	<input type="checkbox"/>	
3 Condition of soffits, fascia, trim boards	<input type="checkbox"/>	<input type="checkbox"/>	
4 Windows, frames, moldings, glass	<input type="checkbox"/>	<input type="checkbox"/>	
5 Storm windows, doors and screens	<input type="checkbox"/>	<input type="checkbox"/>	
6 Drainage, gutters, downspouts and leaders	<input type="checkbox"/>	<input type="checkbox"/>	
7 Stairs, handrails, guardrails, porches and balconies (decks)	<input type="checkbox"/>	<input type="checkbox"/>	
8 Masonry, chimney, chimney liners "B" vents, class "A" solid fuel vents	<input type="checkbox"/>	<input type="checkbox"/>	
9 Electrical service wire clearance from grade, decks, windows, roofs, driveways and alleys	<input type="checkbox"/>	<input type="checkbox"/>	
<u>GARAGES AND ACCESSORY BUILDINGS:</u>			
1 Condition of walls, roofs, soffit, fascia and trim boards, siding, paint and doors (overhead and service)	<input type="checkbox"/>	<input type="checkbox"/>	
2 Window and door glazing	<input type="checkbox"/>	<input type="checkbox"/>	
3 Excessive trash stored in garage or accessory building	<input type="checkbox"/>	<input type="checkbox"/>	
4 Electrical wire secure, protected, junction, switch and outlet boxes covered, proper grounding and polarity, approved wiring methods.	<input type="checkbox"/>	<input type="checkbox"/>	
5 Attached garage one-hour fire separation	<input type="checkbox"/>	<input type="checkbox"/>	
<u>INTERIOR STRUCTURAL:</u>			
1 Condition of basement, crawlspace foundation Inspection of floor, beams, posts and joists for deterioration and damage due to excessive notching and boring or other improper alterations Interior foundation condition such as bulging, settlement, deterioration, moisture damage and separation, holes and open fractures to exterior	<input type="checkbox"/>	<input type="checkbox"/>	
2 Check condition of sub-floor under toilets, sinks, etc.	<input type="checkbox"/>	<input type="checkbox"/>	

- 3 Stairways, handrails and lighting
- 4 Bedrooms located in basements are required to provide direct exiting from the basement bedroom to the outside
Installation of smoke and C.O. Alarms
- 5 Other

MECHANICAL:

- 1 Furnace and Boiler Testing:
Gas furnaces older than 20 years require C.O. and heat exchanger tests performed by licensed heating contractor. Gas boilers older than 20 years require C.O. testing only. Oil fired units older than 20 years require servicing by a licensed heating contractor. If in the opinion of the housing inspector the heating appliance exhibits signs of deterioration or possible hazard, the inspector may require testing even if appliance is less than 20 years old. Written test results on heating contractor's letterhead or invoice are required at time of re-inspection.
- 2 Furnace:
Check condition of wiring, on/off switch, air filter, vent connector, draft diverter, clearance to combustibles, combustion air, alterations and general condition of furnace
- 3 Boiler:
Check condition of pressure relief valve and drop leg, pressure and temperature gauges, circulation pump wiring
Check for proper backflow protection, combustion air, vent connectors, clearances to combustibles and general condition of boiler
- 4 Check vent connector for up-ward pitch to vertical vent. All vent connectors require 3 screws per joint. Check vent connectors for deterioration, clearance to combustibles and proper support
- 5 combustibles. Masonry type chimney/vents are not allowed, and must be replaced with Class "B" vent to code.
- 6 Wood burning stove, listed, not listed, clearance from combustibles
- 7 Heat provided for all habitable rooms and bathrooms
- 8 Open, uncapped gas pipe and valves
- 9 Space heaters or furnaces in bedrooms or bathrooms
- 10 Water heater pressure and temperature relief valve with 3/4 inch drop leg to within 18 inches of floor. Check for proper venting, gas valve, gas line dirt leg, combustion air and clearance to combustibles

PLUMBING:

- 1 Cross-connections; sillcocks, ballcocks, fixture faucets, sprinkler systems, boilers, etc.
- 2 Proper waste and vent on all fixtures including stand pipes. Check for properly vented "P" traps. No atmospheric (cheater vents), allowed. All vents must vent to the exterior, wet venting and flat venting are not allowed. All loop venting must be done to code.
- 3 Floor drain cover grates and clean out plugs must be in place. The floor drain must be operational with the clean out plug in place.
- 4 Abandoned plumbing fixtures, open waste and vent pipe must be removed, capped or sealed to prevent sewer gas from entering house.
- 5 Cracked, broken and leaking plumbing fixtures, water and drain pipes and faucets shall be replaced or repaired.

ELECTRICAL:

- 1 Property sized electrical service (over loaded)
- 2 Clearance of electrical wire from grade, decks, landings, steps, doors, windows and roofs
- 3 Property sized fuses using tipe "S" fuses and adaptors
- 4 Damaged service panel, burned fuse sockets, missing circuit breakers, dead front covers. Broken or burned outlets, missing electrical box cover plates
- 5 Working clearances for electric service panel
- 6 Damaged, un-supported wire, open junction boxes, wire connectors protecting wire through knock-outs in junction boxes, exposed wire splices. Properly installed romex and BX wiring through floor joists and wall studs
- 7 Proper grounding, polarity of outlets, pendant lights and receptacles
- 8 Proper lighting in furnace and circuit panel areas
- 9 Grounded duplex receptacle in laundry area on separate 20 AMP circuit for kitchen
- 10 No light fixtures above shelves in closets
- 11 No appliances (water softeners, garage overhead door openers, etc.) utilizing extgension cord wiring

KITCHEN:

- 1 Windows, doors, walls and ceiling. Floor covering, condition of countertop.
- 2 Grounded electrical outlets, wiring to garbage disposal, extension cords, light fixtures, condition of wiring or terminatio of wire for electric stove if not being used
- 3 Waste and vent kitchen sink, proper "P" trap, leaking water lines and faucet.
- 4 Mechanical ventilation operational and venting directly to the exterior of the house

LIVING / DINING ROOM:

- 1 Windows, doors, walls and ceiling, fireplace condition, heat registers, electrical outlets, extension cords, lighting

BATHROOM:

- 1 Condition of windows, walls and ceiling
- 2 GFI outlet and lighting operated from a properly mounted on/off wall switch
- 3 Condition of plumbing fixture trap and waste and vent piping. Toilet secured tightly to floor, no leaking of faucets or water pipes
- 4 Operational mechanical ventilation, venting directly to the exterior of house
- 6 Inside latch or lock on door for privacy

BEDROOM

- 1 Windows, doors, walls and ceiling, heat, electrical outlets, extension cords, no lights in closet light over shelf, operational smoke alarm.

HALLWAY:

- 1 Lighting, operational smoke alarm

OTHER:



CITY OF ST. JOSEPH
RENTAL INSPECTOR CHECKLIST 2012-2013

Owned by: _____

For Property Located at: _____

- Received completed Rental Housing Application Form
- Received completed Tenant List
- Received payment of Rental License fees
- Received payment of other fees, i.e. re-inspection
- Sent completed file to City Offices for issuance of Certificate of Compliance and scanning of file



CITY OF ST. JOSEPH
RENTAL HOUSING LICENSE APPLICATION 2012-2013

Property Information:

Owner Information:

Number of Units: «Units»
Zoning: «Zone»
Fee: \$«Fee»
Maximum Occupancy: «Max»
Interim Use Permit: «Interim»

Owner Information

Name: _____

Address: _____

Phone: _____

Manager Information *If different than owner information*

Name: _____

Address: _____

Phone: _____

To be completed by the Rental Housing Inspector

____ Number of Units Licensed ____ Number of Bathrooms Per Unit
____ Number of Bedrooms Per Unit ____ Number of Tenants Per Unit
____ Number of Kitchens Per Unit

Owner/Manager _____ / ____ /2012
Date

Rental Housing Inspector _____ / ____ /2012
Date

