

OCCUPANCY INSPECTION CHECKLIST

Owner(s): _____

Phone: _____

Address _____

Inspector: Jeff Miller

Date: _____ Time: _____

Questions Call: 618-780-4509

Re-inspection Date: _____

Re-inspection required within 30 days

Type of Structure:
 1 Story _____
 2 Story _____
 Basement _____ Apartment _____

Split Level _____
 Modular/Mobile _____
 Commercial _____

EXTERIOR

	Yes/OK	No
1. 4" House numbers on building	<input type="checkbox"/>	<input type="checkbox"/>
2. Foundation cracks or holes	<input type="checkbox"/>	<input type="checkbox"/>
3. Holes in siding or brick	<input type="checkbox"/>	<input type="checkbox"/>
4. Weeds, garbage or rubbish	<input type="checkbox"/>	<input type="checkbox"/>
5. Exterior painting	<input type="checkbox"/>	<input type="checkbox"/>
6. Chimney condition	<input type="checkbox"/>	<input type="checkbox"/>
7. Accessory structures	<input type="checkbox"/>	<input type="checkbox"/>
8. Exterior electrical wires 8' clearance	<input type="checkbox"/>	<input type="checkbox"/>
9. Doors work freely and lock	<input type="checkbox"/>	<input type="checkbox"/>
10. Plumbing vent stack on roof	<input type="checkbox"/>	<input type="checkbox"/>
11. Site drains water properly	<input type="checkbox"/>	<input type="checkbox"/>

INTERIOR

12. Doors work freely and latch	<input type="checkbox"/>	<input type="checkbox"/>
13. Windows open and have screens	<input type="checkbox"/>	<input type="checkbox"/>
14. Ceilings, floors and walls free from tears, cracks, chips, pops	<input type="checkbox"/>	<input type="checkbox"/>
15. Smoke detectors each bedroom, each level and hallway preceding bedroom. CO detector within 15' of any bedroom	<input type="checkbox"/>	<input type="checkbox"/>
16. Dirt leg & TPR tube on water heater	<input type="checkbox"/>	<input type="checkbox"/>
17. Stack on furnace & water heater	<input type="checkbox"/>	<input type="checkbox"/>
18. Running water in sinks, stools, tub	<input type="checkbox"/>	<input type="checkbox"/>
19. Sink traps & drains watertight	<input type="checkbox"/>	<input type="checkbox"/>
20. Grounded outlet for washer/dryer	<input type="checkbox"/>	<input type="checkbox"/>
21. Minimum 2 outlets in bedrooms	<input type="checkbox"/>	<input type="checkbox"/>
22. Vent/window in bathrooms	<input type="checkbox"/>	<input type="checkbox"/>
23. G.F.C.I. garage & exterior outlets	<input type="checkbox"/>	<input type="checkbox"/>
24. G.F.C.I. in kitchen 6' of water source	<input type="checkbox"/>	<input type="checkbox"/>
25. G.F.C.I. for all outlets in bath	<input type="checkbox"/>	<input type="checkbox"/>
26. Covered wiring splices	<input type="checkbox"/>	<input type="checkbox"/>
27. Proper wiring connectors	<input type="checkbox"/>	<input type="checkbox"/>
28. Handrails on stairs with 4 or more risers	<input type="checkbox"/>	<input type="checkbox"/>
29. Garage fire separation & rated door	<input type="checkbox"/>	<input type="checkbox"/>
30. Overall cleanliness dirt, mold, etc.	<input type="checkbox"/>	<input type="checkbox"/>
31. Whole house water shutoff valve	<input type="checkbox"/>	<input type="checkbox"/>

SWIMMING POOL (if applicable)

	Yes/OK	No
Fenced in and complies with code	<input type="checkbox"/>	<input type="checkbox"/>
Self-latching gate	<input type="checkbox"/>	<input type="checkbox"/>
*Rental property deadbolt	<input type="checkbox"/>	<input type="checkbox"/>

FORMULA FOR OCCUPANCY

Number of bedrooms _____
 (no bedroom can have a dimension under 7' and must have two points of egress)
 Bedroom for 1 person cannot be less than 70 sq. ft.
 Bedroom for 2 or more must have at least 50 sq. ft. per person 1 _____ 2 _____ 3 _____ 4 _____ 5 _____
 Living room for 3-5 at least 120 sq. ft., for 6 or more 150 sq. ft. _____ sq. ft.
 Dining room for 3-5 at least 80 sq. ft., for 6 or more 100 sq. ft. _____ sq. ft.
 Kitchen for 3-5 at least 50 sq. ft., for 6 or more 60 sq. ft. _____ sq. ft.
 Allowed Occupants _____

See attached sheet

Additional Comments

Pass