



Date Received: _____

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Body Camera file No.: _____

RENTAL HOUSING INSPECTION PROGRAM

General Inspection Checklist

(906) 475-7700 ext. 12

CASE#: _____

PROPERTY ADDRESS:	PROPERTY NAME (IF APPLICABLE)	DATE:
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Check the box next to each item or area that is inspected and found to be in compliance:

<input type="checkbox"/> 1. Premises – no abandoned or inoperable vehicles, overgrown vegetation, infestation of insects, or vermin, discarded household items, trash, debris, or graffiti.	<input type="checkbox"/> 8. Common Areas – in a safe and sanitary condition.	<input type="checkbox"/> 15. Water heaters – water heaters are installed in an approved location, and have seismic strapping, operable temperature relief valve and drain line, venting, and a minimum 110 degrees water temperature.
<input type="checkbox"/> 2. Exterior walls – in a good condition, no peeling paint, holes, missing sections or deterioration.	<input type="checkbox"/> 9. Entry Doors – all doors and door jambs are in good working order and are weather sealed.	<input type="checkbox"/> 16. Bathroom ventilation – bathrooms have operable window or exhaust fan.
<input type="checkbox"/> 3. Vent Screens – no missing or damaged crawl space, attic or foundation vent screens.	<input type="checkbox"/> 10. Windows and window locks – windows can be opened and closed easily, and have no missing or broken glazing. Bedroom egress windows are not blocked by furniture or air conditioners, and any security bars can be released from the interior.	<input type="checkbox"/> 17. Smoke Detectors – are working, and are located in hallways leading to rooms, used for sleeping purposes or are installed and maintained in compliance with the Code in effect at the time of their original installation.
<input type="checkbox"/> 4. Stairway/landing/treads/risers/guardrails/handrails – in good condition, well secured, not loose or deteriorated.	<input type="checkbox"/> 11. Heaters – are permanently installed and properly functioning.	<input type="checkbox"/> 18. Electrical – general outlets, lights, switches and cover plates are installed properly and in good condition, no exposed wiring.
<input type="checkbox"/> 5. Roof and Ceilings – in good condition without any leaks.	<input type="checkbox"/> 12. Kitchen counters and sink surfaces – in good condition, no significant cracked, chipped or missing pieces.	<input type="checkbox"/> 19. House address number – visible and conspicuous from roadway.
<input type="checkbox"/> 6. Exterior lighting – all lights function and have proper covers, no exposed wiring.	<input type="checkbox"/> 13. Floor Coverings – coverings do not create tripping hazards or unsanitary conditions.	<input type="checkbox"/> 20. Fire and carbon monoxide detectors – located outside each sleeping area & on each level of a dwelling (including basements).
<input type="checkbox"/> 7. Electrical Panel – all electrical panels are identified, all breakers/fuses are labeled and there is no exposed wiring.	<input type="checkbox"/> 14. Plumbing fixtures/piping – properly installed and in good condition without any leaks or clogs, no missing handles or spouts.	<input type="checkbox"/> 21. Fire extinguishers – present and working/in compliance as required by Sec. 9 of the Rental Code.

No change in any portion of a building, structure, common area or any other work regulated by Code shall be required when such work was installed and is maintained in accordance with the Code in effect at the time of installation. A completed Rental Housing Inspection Checklist does not certify that any work done to the building or structure was in compliance with any permit or approval requirements.

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 of Inspector: _____ Date: _____

Please correct the following violation(s) prior to next 30-day progress inspection scheduled for:

Between 1:00 pm and 3:00 pm.

Building must be vacated immediately due to substantial defects and non-compliance.

I, the undersigned, have lawful access and/or control of the rental housing unit described above. I freely and voluntarily give my consent to have the inspectors of the City of Negaunee’s Rental Housing Inspection Program enter and inspect the unit.

Name: _____ Telephone: _____

Signature: _____ Date: _____

* A copy of this General Inspection Checklist shall be mailed to the owners/operators of the rental dwelling unit at the address stated above. Any owner or operator affected by any notice of violation shall be granted an appeal hearing if requested consistent with the Appeal Procedures detailed in Section 12 of the Negaunee Rental Code.