

CITY OF BRENTWOOD HOUSING INSPECTION CHECKLIST

Dwelling address: _____

Date: _____ Inspector: _____

Owner Name: _____

Phone: _____

Mail address: _____

Building exterior and lot:

- | | |
|---|--|
| <input type="checkbox"/> Condition of driveway | <input type="checkbox"/> Condition of sidewalks |
| <input type="checkbox"/> Exterior walls in sound condition | <input type="checkbox"/> Exterior painting |
| <input type="checkbox"/> House street numbers displayed | <input type="checkbox"/> Foundation walls sound |
| <input type="checkbox"/> Vermin prevention (no holes in walls) | <input type="checkbox"/> Condition of windows |
| <input type="checkbox"/> Condition of decorative features | <input type="checkbox"/> Insect screen condition |
| <input type="checkbox"/> Condition of gutter system | <input type="checkbox"/> Condition of roof |
| <input type="checkbox"/> Door hardware (no key required for egress) | <input type="checkbox"/> Condition of chimneys |
| <input type="checkbox"/> Condition of stair construction | <input type="checkbox"/> Consistent height of stair risers |
| <input type="checkbox"/> Consistent depth of stair treads | <input type="checkbox"/> Adequate handrails |
| <input type="checkbox"/> Guardrails correctly installed | <input type="checkbox"/> Condition of trees satisfactory |
| <input type="checkbox"/> Fence condition | <input type="checkbox"/> Trash containment |
| <input type="checkbox"/> No evidence of vermin infestation | <input type="checkbox"/> No apparent setback violations |
| <input type="checkbox"/> Backflow valves installed, if required | <input type="checkbox"/> Overhead electric service |
| <input type="checkbox"/> Swimming pool properly fenced & drained | <input type="checkbox"/> Pool fence installed |
| <input type="checkbox"/> Pool gate properly lockable | <input type="checkbox"/> Firewood properly stacked |
| <input type="checkbox"/> All motor vehicles licensed or properly stored | <input type="checkbox"/> Garage access blocked if not fire-rated |

Basement:

- | | |
|---|---|
| <input type="checkbox"/> Plumbing in safe condition (no leaks) | <input type="checkbox"/> Approximate headroom |
| <input type="checkbox"/> Electric service in safe condition (sags, etc) | <input type="checkbox"/> 100 amp electrical? |
| <input type="checkbox"/> Evidence of foundation leaks | <input type="checkbox"/> Sump pump installed? |
| <input type="checkbox"/> Finished room floor condition | <input type="checkbox"/> Finished room wall condition |
| <input type="checkbox"/> Finished room ceiling condition | <input type="checkbox"/> GFCI receptacles if required |
| <input type="checkbox"/> Gas line shut-offs for each appliance | <input type="checkbox"/> Furnace venting |
| <input type="checkbox"/> Hot water heater PRV and leaks | <input type="checkbox"/> |

Living Area (Includes all floors):

Interior stairs:

Basement

- Headroom acceptable
- Riser height acceptable
- Tread depth acceptable
- Handrail acceptable
- Guardrails acceptable

Upper level

- Headroom acceptable
- Riser height acceptable
- Tread depth acceptable
- Handrail acceptable
- Guardrails acceptable

Probable use of room: <u>KITCHEN</u>	Room Size: _____
<input type="checkbox"/> Use of extension cords	<input type="checkbox"/> Electric satisfactory
<input type="checkbox"/> Plumbing acceptable	<input type="checkbox"/> Hot water available
<input type="checkbox"/> Condition of walls & finish	<input type="checkbox"/> Condition of ceiling
<input type="checkbox"/> Condition of floor	<input type="checkbox"/> Condition of range/stove

Probable use of room: <u>LIVING ROOM</u>	Room Size: _____
<input type="checkbox"/> Use of extension cords	<input type="checkbox"/> Electric satisfactory
<input type="checkbox"/> Condition of floor	<input type="checkbox"/> Fireplace satisfactory, if present
<input type="checkbox"/> Condition of walls & finish	<input type="checkbox"/> Condition of ceiling
<input type="checkbox"/> Operable window	<input type="checkbox"/> Approximate window size
<input type="checkbox"/> Window screened	

Probable use of room: <u>DINING ROOM</u>	Room Size: _____
<input type="checkbox"/> Use of extension cords	<input type="checkbox"/> Electric satisfactory
<input type="checkbox"/> Fireplace satisfactory, if present	<input type="checkbox"/> Condition of floor
<input type="checkbox"/> Condition of walls & finish	<input type="checkbox"/> Condition of ceiling
<input type="checkbox"/> Operable window	<input type="checkbox"/> Approximate window size
<input type="checkbox"/> Window screened	

Probable use of room: <u>BATHROOM</u>	Room Size: _____
<input type="checkbox"/> Electric satisfactory	<input type="checkbox"/> Plumbing acceptable
<input type="checkbox"/> Condition of walls & finish	<input type="checkbox"/> Condition of floor
<input type="checkbox"/> Condition of ceiling	<input type="checkbox"/> Operable window
<input type="checkbox"/> Exhaust fan	<input type="checkbox"/> Window screened
<input type="checkbox"/> Hot water available	<input type="checkbox"/> Fireplace satisfactory, if present

Probable use of room: BEDROOM #1 Room Size: _____

<input type="checkbox"/> Use of extension cords	<input type="checkbox"/> Electric satisfactory
<input type="checkbox"/> Condition of ceiling	<input type="checkbox"/> Condition of floor
<input type="checkbox"/> Condition of walls & finish	<input type="checkbox"/> Smoke detector available
<input type="checkbox"/> Operable window	<input type="checkbox"/> Approximate window size
<input type="checkbox"/> Window sill height	<input type="checkbox"/> Window screened

Probable use of room: BEDROOM #2 Room Size: _____

<input type="checkbox"/> Use of extension cords	<input type="checkbox"/> Electric satisfactory
<input type="checkbox"/> Condition of ceiling	<input type="checkbox"/> Condition of floor
<input type="checkbox"/> Condition of walls & finish	<input type="checkbox"/> Smoke detector available
<input type="checkbox"/> Operable window	<input type="checkbox"/> Approximate window size
<input type="checkbox"/> Window sill height	<input type="checkbox"/> Window screened

Probable use of room: _____ Room Size: _____

<input type="checkbox"/> Use of extension cords	<input type="checkbox"/> Electric satisfactory
<input type="checkbox"/> Condition of ceiling	<input type="checkbox"/> Condition of floor
<input type="checkbox"/> Condition of walls & finish	<input type="checkbox"/> Smoke detector available
<input type="checkbox"/> Operable window	<input type="checkbox"/> Approximate window size
<input type="checkbox"/> Window sill height	<input type="checkbox"/> Window screened

Probable use of room: _____ Room Size: _____

<input type="checkbox"/> Use of extension cords	<input type="checkbox"/> Electric satisfactory
<input type="checkbox"/> Condition of ceiling	<input type="checkbox"/> Condition of floor
<input type="checkbox"/> Condition of walls & finish	<input type="checkbox"/> Smoke detector available
<input type="checkbox"/> Operable window	<input type="checkbox"/> Approximate window size
<input type="checkbox"/> Window sill height	<input type="checkbox"/> Window screened

Probable use of room: _____ Room Size: _____

<input type="checkbox"/> Use of extension cords	<input type="checkbox"/> Electric satisfactory
<input type="checkbox"/> Condition of ceiling	<input type="checkbox"/> Condition of floor
<input type="checkbox"/> Condition of walls & finish	<input type="checkbox"/> Smoke detector available
<input type="checkbox"/> Operable window	<input type="checkbox"/> Approximate window size
<input type="checkbox"/> Window sill height	<input type="checkbox"/> Window screened

	1-2 PERSONS	3-5 PERSONS	6 OR MORE	LIMITING #
LIVING ROOM	Not Required	120 s.f.	150 s.f.	
DINING ROOM	Not Required	80 s.f.	100 s.f.	
KITCHEN	50 s.f.	50 s.f.	60 s.f.	
	1 Person	2 or more Persons	ROOM AREA	
BEDROOM #1	70 s.f.	50 s.f./person		
BEDROOM #2	70 s.f.	50 s.f./person		
BEDROOM #3	70 s.f.	50 s.f./person		
BEDROOM #4	70 s.f.	50 s.f./person		
BEDROOM #5	70 s.f.	50 s.f./person		
BEDROOM #6	70 s.f.	50 s.f./person		

Comments:
