

RENTAL LICENSE INSPECTION CHECKLIST AND REPORT

Date: _____ Time: _____ PID# _____

Property Address: _____ Apartment # or Unit # _____ Total # of Licensed Occupants _____
Total # of Apartments or Units at location _____

Property Owner: _____ Agent: _____

Owner Address: _____ Address: _____

City, State, Zip: _____ City, State, Zip _____

Phone: _____ Phone: _____

NOTE: CHANGES HAVE BEEN MADE TO THE PROGRAM TO CLARIFY WHEN REINSPECTION IS REQUIRED. (SEE REVERSE SIDE) CIRCLED = FAILED (Does not meet City of Park Rapids rental standards.) (Explanation of circled items on back.)

EXTERIOR:

1. Address visible
2. Roof in good repair
3. Chimney
4. Gutters & soffits
5. Windows & doors
6. Trash & rubbish
7. Decks, platforms & railings
8. Retaining walls & fences
9. Sidewalks & steps
10. Paint & siding
11. Foundation
12. Gas meter protection/shutoff
13. Lawn & weeds – report to police
14. Detached structures

CONSTRUCTION FEATURES:

1. Fire separation-garage & stairs
2. Structural problems
3. Walls & ceiling condition

FIRE PROTECTION:

1. Smoke detector (min. 1 per floor)

EXIT FEATURES:

1. Handrail on stairs/steps (34-38")
2. Guardrails on decks >30" (at least 36")
3. Adequate windows/exits
4. Egress unobstructed
5. Hallway lighting
6. Exit hardware/locks
7. Fire rated doors-attached garage
8. Exit signs/lights where required

STEPS/STAIRS:

1. Treads & risers-min./max.
2. Hallways 36"
3. Entry/exit door 36"
4. Landings 36"
5. Guardrails on decks >30" (at least 36")

BEDROOM #1:

1. Egress window/door
2. Smoke detector
3. Room >70 sq. ft. (10x7)
4. Ceiling > 7 ft.
5. # of outlets/lights
6. General condition
7. Size _____ Max Occ. _____

BEDROOM #2:

1. Egress window/door
2. Smoke detector
3. Room > 70 sq. ft. (10x7)
4. Ceiling > 7 ft.
5. # Outlets/lights
6. General condition
7. Size _____ Max Occ. _____

BEDROOM #3:

1. Egress window/door
2. Smoke detectors
3. Room > 70 sq. ft. (10x7)
4. Ceiling > 7 ft.
5. # of outlets/lights
6. General condition
7. Size _____ Max Occ. _____

BATHROOM #1:

1. Ventilation-window or fan
2. Tub or shower
3. Plumbing fixtures
4. Toilet–secure & flushes
5. GFI near sink
6. General condition

BATHROOM #2:

1. Ventilation-window or fan
2. Tub or shower
3. Plumbing fixtures
4. GFI near sink
5. General condition

KITCHEN:

1. Gas shutoff if gas stove
2. Sink plumbing/fixtures
3. General condition
4. GFI near sink

OTHER ROOMS:

1. Room >7 ft.
2. #Outlets/lights
3. Fireplace/wood stove
4. General condition

BASEMENT/UTILITIES:

1. Smoke detector
2. Stairs/handrail (34-38")
3. Furnace/water heater
4. Washer/dryer
5. Electrical panel > 30" clear
6. Gas shutoff/appliances
7. Vents & flues – pitch ½ -1"

ELECTRICAL:

1. Wiring/fixtures
2. Outlets/junction boxes
3. GFI works

PLUMBING:

1. Water pressure/leaks

SANITATION/HEALTH:

1. Housekeeping/rodents

MISCELLANEOUS:

1. Storage/grills/occupancy
2. Extension cords over load
3. Sump Pump/Drainage
4. Maintain 68 degrees @ 3 ft.
5. Carbon Monoxide Detector

PASS FAIL (SEE POINTS & COMMENTS ON REVERSE SIDE) NEEDS RE-INSPECTION NO SHOW (SEND INVOICE)

INSPECTOR SIGNATURE: _____

