

City of Southmayd Residential Certificate of Occupancy Checklist

DATE OF ISSUANCE _____ CO# _____

OWNER'S NAME: _____ PHONE: _____

ADDRESS: _____

OCCUPANT NAME: _____ PHONE: _____

I, _____ understand that if the initial inspection reveals violations as cited below, compliance must be met within ____ days from the date of the initial inspection in order to avoid further enforcement actions.

Owner/Applicant

<p>_____ Approved for move in</p> <p>_____ Not approved for move in</p> <p>_____ Substandard</p>	<p>_____ Conditional (____ days)</p> <p>_____ Re-inspection required</p> <p>_____ No show</p>
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City Inspector

DATE: _____

Property Standards:

- _____
1 . No holes or protrusions on property
- _____
2 . Secure wells and septic tanks
- _____
3 . Address number displayed on property
- _____
4 . Secure fencing
- _____
5 . No collection of water conducive to mosquito breeding
- _____
6 . Public health nuisance

Structural Standards:

- _____
7 . No visible mold
- _____
8 . No holes or rotten wood in outside walls and eaves
- _____
9 . No deteriorated sheetrock and/or wall coverings
- _____
10 . No holes in walls, floors or ceiling
- _____
11 . All doors in place and undamaged
- _____
12 . All windows openable
- _____
13 . No broken windows
- _____
14 . No dilapidated accessory buildings
-  _____
15 . Working smoke detectors in all bedrooms
-  _____
16 . Unobstructed foundation vents, where installed

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Utility Standards:

- 17 . Proper dryer vent
- 18 . Proper A/C ducts and registers
- 19 . Proper condensate drain (primary/secondary)

Electrical Standards:

- 20 . Minimum 100 amp main
- 21 . Grounded or bonded electrical system
- 22 . GFI plugs in kitchen, bathroom and outside sithin six feet of water source
- 23 . Eliminate exposed wires/electric conduit in living area
- 24 . Covers on plugs, receptacles, switches and fixtures

Plumbing Standards:

- 25 . Propersewage flow from structure
- 26 . Operational toilet facilities
- 27 . No visible plumbing leaks
- 28 . Washing machine drain to sanitary sewer system

Code/Health Standards:

- 29 . No insect, vermin or rodent infestation
- 30 . Free of rubbish, garbage and/or debris
- 31 . No junk vehicles

Temprary utilities are for ____ days only.

If violations are cited, re-inspection is required withing ____ days or C. O . Permit will expire.