

City of Rock Hill Housing Inspection Checklist

Dwelling Address: _____ Date _____

Owner Name: _____

Owner Address: _____ City _____ State _____ Zip _____

Phone: _____ Email: _____

Agent/Contact Person (if applicable): _____

Signature: _____
Print and Sign

*** IT IS IMPORTANT TO NOTE THAT THE CITY DOES NOT GUARANTEE THAT THIS INSPECTION IS FREE FROM ANY DEFECTS. IT IS RECOMMENDED THAT THE OWNER OBTAINS A PRIVATE INSPECTION. THE CITY DOES NOT ACCEPT ANY LIABILITY AS IT IS ACTING IN GOOD FAITH WITHOUT MAILICE.**

- | | | | |
|---|--|--|--|
| Building Exterior and lot:
<input type="checkbox"/> Condition of driveway
<input type="checkbox"/> Tuckpointing of exterior walls
<input type="checkbox"/> House street number displayed
<input type="checkbox"/> Condition of gutter system
<input type="checkbox"/> No key required for egress
<input type="checkbox"/> Condition of stair construction
<input type="checkbox"/> Consistent depth of stair treads
<input type="checkbox"/> Guardrails correctly installed
<input type="checkbox"/> Fence condition
<input type="checkbox"/> Condition of walkways
<input type="checkbox"/> Condition of accessory buildings | <input type="checkbox"/> Exterior painting
<input type="checkbox"/> Foundation wall condition
<input type="checkbox"/> Condition of windows
<input type="checkbox"/> Condition of roof
<input type="checkbox"/> Condition of chimneys
<input type="checkbox"/> Wood burning fireplace inspection
<input type="checkbox"/> Laclede Gas Inspection
<input type="checkbox"/> Adequate handrails
<input type="checkbox"/> Electric service entry
<input type="checkbox"/> Exterior GFCI receptacles
<input type="checkbox"/> Garage fire blocked/rated
<input type="checkbox"/> Condition of retaining wall-guardrail | Basement:
<input type="checkbox"/> Smoke detector (s)
<input type="checkbox"/> Plumbing condition/draft stop
<input type="checkbox"/> Electric service in safe condition
<input type="checkbox"/> Evidence of foundation leaks
<input type="checkbox"/> Floor condition
<input type="checkbox"/> Joist condition
<input type="checkbox"/> Wall condition
<input type="checkbox"/> Water heater PRV and leaks
<input type="checkbox"/> Gas line shut-offs for appliances
<input type="checkbox"/> Grounded GFCI receptacles
<input type="checkbox"/> Furnace venting
<input type="checkbox"/> Enclosed stairways (balusters) | Interior stairs:
<input type="checkbox"/> Headroom acceptable
<input type="checkbox"/> Riser height acceptable
<input type="checkbox"/> Tread depth acceptable
<input type="checkbox"/> Handrail acceptable
<input type="checkbox"/> Guardrails acceptable
<input type="checkbox"/> Lights in stairway
<input type="checkbox"/> Balusters
<input type="checkbox"/> Enclosed stringers |
|---|--|--|--|

Occupancy limit:

Probable use: KITCHEN <input type="checkbox"/> Grounded GFIC by sink <input type="checkbox"/> Condition of plumbing <input type="checkbox"/> Condition of walls & finish <input type="checkbox"/> Condition of floor <input type="checkbox"/> Electric satisfactory <input type="checkbox"/> Gas shut off valve <input type="checkbox"/> Condition of ceiling <input type="checkbox"/> Anti-tip device for stove	Probable use: DINING ROOM <input type="checkbox"/> Condition of floor <input type="checkbox"/> Conditional of walls & finish <input type="checkbox"/> Operable window/sash cords <input type="checkbox"/> Window height and egress <input type="checkbox"/> Electric satisfactory <input type="checkbox"/> Fireplace satisfactory <input type="checkbox"/> Condition of ceiling
Probable use: LIVING ROOM <input type="checkbox"/> Condition of floor <input type="checkbox"/> Conditional of walls & finish <input type="checkbox"/> Operable window/sash cords <input type="checkbox"/> Window height and egress <input type="checkbox"/> Electric satisfactory <input type="checkbox"/> Fireplace satisfactory <input type="checkbox"/> Condition of ceiling	Probable use: BATHROOM(S) Quantity: _____ <input type="checkbox"/> Grounded GFIC by sink <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"/> Window size <input type="checkbox"/> Exhaust fan <input type="checkbox"/> Plumbing acceptable <input type="checkbox"/> Tub/tile condition/height
Probable use: BEDROOM #1 Room size: _____ <input type="checkbox"/> Condition of floor <input type="checkbox"/> Condition of walls & finish <input type="checkbox"/> Condition of ceiling <input type="checkbox"/> Operable window/sash cords <input type="checkbox"/> Windowsill height/egress <input type="checkbox"/> Electric satisfactory <input type="checkbox"/> Smoke detectors <input type="checkbox"/> Smoke detectors hallway	Probable use: _____ Room size: _____ <input type="checkbox"/> Condition of floor <input type="checkbox"/> Condition of walls & finish <input type="checkbox"/> Condition of ceiling <input type="checkbox"/> Operable window/sash cords <input type="checkbox"/> Windowsill height/egress <input type="checkbox"/> Electric satisfactory <input type="checkbox"/> Smoke detectors <input type="checkbox"/> Smoke detectors hallway
Probable use: BEDROOM #2 Room size: _____ <input type="checkbox"/> Condition of floor <input type="checkbox"/> Condition of walls & finish <input type="checkbox"/> Condition of ceiling <input type="checkbox"/> Operable window/sash cords <input type="checkbox"/> Windowsill height/egress <input type="checkbox"/> Electric satisfactory <input type="checkbox"/> Smoke detectors <input type="checkbox"/> Smoke detectors hallway	Probable use: _____ Room size: _____ <input type="checkbox"/> Condition of floor <input type="checkbox"/> Condition of walls & finish <input type="checkbox"/> Condition of ceiling <input type="checkbox"/> Operable window/sash cords <input type="checkbox"/> Windowsill height/egress <input type="checkbox"/> Electric satisfactory <input type="checkbox"/> Smoke detectors <input type="checkbox"/> Smoke detectors hallway

Must be reinspected **Approved for Occupancy** _____