

# CITY OF ROCK HILL HOUSING INSPECTION CHECKLIST (8.19.15)

Inspection Time/Date: \_\_\_\_\_ New \_\_\_\_\_ Re-Inspect \_\_\_\_\_

**(\$40-Payment due prior to inspection; final inspection @ no cost; compliance letters & related inspections valid for 120 days)**

Dwelling Address: \_\_\_\_\_ City **Rock Hill** State **MO** Zip \_\_\_\_\_ Date: \_\_\_\_\_

Owner Name: \_\_\_\_\_ **Application Paid** \_\_\_\_\_ **Not Paid** \_\_\_\_\_

Owner Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (1<sup>st</sup> choice): \_\_\_\_\_ Phone (2<sup>nd</sup>) \_\_\_\_\_ Email: \_\_\_\_\_

Agent/Contact Person (if applicable) \_\_\_\_\_

**Signature:** \_\_\_\_\_

**(Print and Sign)**

**Interior Stairs** Pass\_\_ Fail\_\_ **Kitchen** Pass\_\_ Fail\_\_

**Building Exterior and Lot:** Pass\_\_ Fail\_\_  
**Basement:** Pass\_\_ Fail\_\_

**Dining Room** Pass\_\_ Fail\_\_ **Bathroom 1** Pass\_\_ Fail\_\_  
**Living Room** Pass\_\_ Fail\_\_ **Bathroom 2** Pass\_\_ Fail\_\_

Bedroom 1: Size \_\_\_\_\_ Floors \_\_\_\_\_ Walls \_\_\_\_\_ Ceiling \_\_\_\_\_ Windows/Sash \_\_\_\_\_ Satisfactory Electric \_\_\_\_\_ Smoke Detectors \_\_\_\_\_

Bedroom 2: Size \_\_\_\_\_ Floors \_\_\_\_\_ Walls \_\_\_\_\_ Ceiling \_\_\_\_\_ Windows/Sash \_\_\_\_\_ Satisfactory Electric \_\_\_\_\_ Smoke Detectors \_\_\_\_\_

Bedroom 3: Size \_\_\_\_\_ Floors \_\_\_\_\_ Walls \_\_\_\_\_ Ceiling \_\_\_\_\_ Windows/Sash \_\_\_\_\_ Satisfactory Electric \_\_\_\_\_ Smoke Detectors \_\_\_\_\_

Bedroom 4: Size \_\_\_\_\_ Floors \_\_\_\_\_ Walls \_\_\_\_\_ Ceiling \_\_\_\_\_ Windows/Sash \_\_\_\_\_ Satisfactory Electric \_\_\_\_\_ Smoke Detectors \_\_\_\_\_

**Inspector Comments:** Needs Re-inspection \_\_\_\_\_ **Approved for occupancy:** \_\_\_\_\_ **Occupancy Limit** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_