

MUNICIPAL OCCUPANCY INSPECTION REPORT

Date:Tin	ne:	Occupancy Number: OP
Property Address:		Name:
Fire Safety		Heating. Plumbing. & Electrical
Is there a working smoke detector in each		Are there working GFCI outlets in the Kitchen & Bathrooms?
bedroom/sleeping room, and in the of the bedrooms, and on each level basement?		Is there a working exhaust fan or a window in each bathroom?
	() 10 ()	Do all outlets, switches, and panel boxes have covers?
Is the hot water heater and furnace clear (at least 3 feet away) of boxes, other "junk" or flammable materials?		Are there two outlets in each room and one in the bathroom?
Are all exits free from obstruction insid outside?	e and	Do all water taps run (hot & cold) and toilets flush?
Walls, Ceilings, & Floor		Exterior
 Are the floors structurally sound? Are there proper globes/diffusers/covers on all light fixtures? Are there light fixtures in all halls, stairways, laundry rooms, and furnace rooms? Does every set of stairs with four or more risers have a graspable handrail on at least one side? This includes stairs to a basement or attic and all exterior stairs. 		Are address number(s) clearly visible from the street (at least 4" high)?
		Does the exterior appear to be in good condition?
		Does the roof appear to be in good condition? No overhanging tree limbs or branches?
		Does deck meet safety requirements?
Are handrails/banisters and other railings firmly attached with		Doors & Windows
no loose or missing spindles?		Do all exterior doors open and close easily? Are they weather tight?
Does the cook stove have an anti – tip bracket?		Are any windows broken or cracked?
PASSED: FAILED:		COTTLEVILLE INSPECTOR: X
RE-INSPECTION DATE:	PASSED:	COTTLEVILLE INSPECTOR: X