



Substandard Structure Checklist

DATE:
BUILDING INSPECTOR:
PROPERTY ADDRESS:

Property Condition: Checked boxes indicate a deficiency

<input type="checkbox"/> High Grass	<input type="checkbox"/> Trash	<input type="checkbox"/> Debris	<input type="checkbox"/> Fencing	<input type="checkbox"/> Abandoned Vehicles	
<input type="checkbox"/> Dwelling	<input type="checkbox"/> Commercial	<input type="checkbox"/> Accessory	Story: _____	Number of Units: _____	
<input type="checkbox"/> Frame	<input type="checkbox"/> Masonry	<input type="checkbox"/> Fire Damage	<input type="checkbox"/> Vacant	<input type="checkbox"/> Unsecured	<input type="checkbox"/> Posted

“ALL STRUCTURES MUST MEET CURRENT BUILDING CODES”

EXTERIOR WALLS	FOUNDATION	ROOF
<input type="checkbox"/> Damaged Wood	<input type="checkbox"/> Appears Inadequate Support	<input type="checkbox"/> Damaged Wood
<input type="checkbox"/> Siding Damaged/Missing	<input type="checkbox"/> Rotten Wood	<input type="checkbox"/> Rotten Decking
<input type="checkbox"/> Faulty Weather	<input type="checkbox"/> Piers	<input type="checkbox"/> Shingles
<input type="checkbox"/> Holes / Cracks	<input type="checkbox"/> Cracks / Perimeter Beam	<input type="checkbox"/> Appears to Leak
<input type="checkbox"/> Buckles / Leans	<input type="checkbox"/> Cracks / Slab	<input type="checkbox"/> Buckles/Sags/Holes/Collapsed
<input type="checkbox"/> Brick	<input type="checkbox"/> 18 inch crawl space	<input type="checkbox"/> Faulty Weather Protection
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	<input type="checkbox"/> Rafters
		<input type="checkbox"/> Other:

PORCHES	WINDOWS	DOORS
<input type="checkbox"/> Damaged Wood	<input type="checkbox"/> Damaged Wood	<input type="checkbox"/> Damaged
<input type="checkbox"/> Missing Boards	<input type="checkbox"/> Broken Glass	<input type="checkbox"/> Missing
<input type="checkbox"/> Inadequate Support	<input type="checkbox"/> Missing Screens	<input type="checkbox"/> Broken Glass
<input type="checkbox"/> Faulty Weather Protection	<input type="checkbox"/> Faulty Weather Protection	<input type="checkbox"/> Blocked Exit
<input type="checkbox"/> Other:	<input type="checkbox"/> Cripples / Headers Missing	<input type="checkbox"/> Cripples / Headers Missing
	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:

INSIDE WALLS / CEILINGS	STEPS	FLOORS
<input type="checkbox"/> Damaged Wood	<input type="checkbox"/> Damaged Wood	<input type="checkbox"/> Damaged Wood
<input type="checkbox"/> Damaged Paneling <input type="checkbox"/> Cracks <input type="checkbox"/> Holes	Handrail: <input type="checkbox"/> Missing <input type="checkbox"/> Loose	<input type="checkbox"/> Holes <input type="checkbox"/> Cracks
Sheetrock: <input type="checkbox"/> Broken <input type="checkbox"/> Missing	<input type="checkbox"/> Inadequate Support	<input type="checkbox"/> Buckled <input type="checkbox"/> Un-level
<input type="checkbox"/> Mildewed <input type="checkbox"/> Buckled	<input type="checkbox"/> Faulty Weather Protection	<input type="checkbox"/> Other:
Ceiling Tiles: <input type="checkbox"/> Damaged <input type="checkbox"/> Missing	<input type="checkbox"/> Other:	
<input type="checkbox"/> Water Damage <input type="checkbox"/> Smoke Damage		
<input type="checkbox"/> Ceiling Height <input type="checkbox"/> Ceiling Joists		
<input type="checkbox"/> Other:		

PLUMBING: WATER CLOSET	PLUMBING: LAVATORY	BATH TUB / SHOWER
<input type="checkbox"/> Missing W/C	<input type="checkbox"/> Missing Lavatory	<input type="checkbox"/> No Anti-Siphon Faucets
Bowl: <input type="checkbox"/> Broken <input type="checkbox"/> Cracked	Water Supply Line: <input type="checkbox"/> Leak <input type="checkbox"/> Disconnected	Bath tub or Shower: <input type="checkbox"/> Missing <input type="checkbox"/> Damaged
Tank: <input type="checkbox"/> Broken <input type="checkbox"/> Cracked	Faucets: <input type="checkbox"/> Leak <input type="checkbox"/> Missing <input type="checkbox"/> Broken	Faucets: <input type="checkbox"/> Loose <input type="checkbox"/> Missing <input type="checkbox"/> Broken
<input type="checkbox"/> Water Supply Line Leaks	<input type="checkbox"/> Stopped Up	<input type="checkbox"/> Missing Shower Head
<input type="checkbox"/> No Anti-Siphon Ball-cock	<input type="checkbox"/> Other:	<input type="checkbox"/> Not Vented
<input type="checkbox"/> Stopped up, runs constantly, disconnected		<input type="checkbox"/> Disconnected
<input type="checkbox"/> Other:		<input type="checkbox"/> Other:

KITCHEN SINK	PLUMBING – WATER HEATER	PLUMBING – MISC.
<input type="checkbox"/> Missing Sink	<input type="checkbox"/> Missing	<input type="checkbox"/> Open Clean Out
<input type="checkbox"/> Stopped Up	<input type="checkbox"/> Disconnected	<input type="checkbox"/> Water Leak
Faucets: <input type="checkbox"/> Loose <input type="checkbox"/> Missing <input type="checkbox"/> Broken	Vent: <input type="checkbox"/> Missing <input type="checkbox"/> Single Wall <input type="checkbox"/> Loose	Vent Stack: <input type="checkbox"/> Missing <input type="checkbox"/> Broken <input type="checkbox"/> Not Extended through roof
<input type="checkbox"/> Disconnected	<input type="checkbox"/> Inadequate Combustion Air	<input type="checkbox"/> No Cut Off
<input type="checkbox"/> Damaged Countertop	<input type="checkbox"/> Other:	<input type="checkbox"/> Sewer Lines
<input type="checkbox"/> Other:		<input type="checkbox"/> Stopped Up
		<input type="checkbox"/> Running our of ground
		Lead Free: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Gas

ELECTRICAL SERVICE	MECHANICAL	ELECTRICAL MISC.
<input type="checkbox"/> Service Panel Burned	Thermostat: <input type="checkbox"/> Missing <input type="checkbox"/> Damaged	Missing GFCI's: <input type="checkbox"/> Kitchen <input type="checkbox"/> Garage <input type="checkbox"/> Bathrooms <input type="checkbox"/> Exterior
Service: <input type="checkbox"/> Missing <input type="checkbox"/> Inadequate	<input type="checkbox"/> No Vent Fan or window in bathroom	Duplex Outlets Missing: <input type="checkbox"/> 12' apart all rooms <input type="checkbox"/> Walls 2' or longer
<input type="checkbox"/> No Main Panel	<input type="checkbox"/> Fire Damage	Smoke Detectors: <input type="checkbox"/> Bedrooms <input type="checkbox"/> Halls to bedrooms <input type="checkbox"/> 1 st floor no bedrooms
<input type="checkbox"/> Service not grounded	<input type="checkbox"/> Inadequate Heat Source	<input type="checkbox"/> Other:
<input type="checkbox"/> Breakers Missing <input type="checkbox"/> Fuses Missing	<input type="checkbox"/> Other:	
<input type="checkbox"/> Interior Missing <input type="checkbox"/> Exterior Panel Cover Missing		
<input type="checkbox"/> Exposed Wiring		
<input type="checkbox"/> Other:		

ALL STRUCTURES MUST MEET THE FOLLOWING CODES:

2006 International Residential Code
2009 International Energy Conservation Code
2006 International Mechanical Code
2006 International Plumbing Code
2005 National Electrical Code

Inspection Comments and Recommendations:
