

Permit Number _____

Date _____

CITY OF LAKE SAINT LOUIS
 Department of Community Development
 200 Civic Center Drive, Lake Saint Louis, Mo 63367
 Phone: 636-625-1200 / Fax 636-625-7431 / Website: www.lakesaintlouis.com

RESIDENTIAL RENTAL INSPECTION / CERTIFICATE OF OCCUPANCY

PROPERTY ADDRESS _____ APT # _____

SUBDIVISION _____ LOT # _____ COMPLEX _____

- Full Occupancy Approved
- Temporary Occupancy Approved (requires re-inspection within _____ days)
- Not Approved/Life Safety Deficiencies

EXTERIOR

- | | | |
|---|---|---|
| <input type="checkbox"/> Improper address numbers | <input type="checkbox"/> Repair Chimney or chase | <input type="checkbox"/> Remove garbage/rubbish |
| <input type="checkbox"/> Relocate trash cans | <input type="checkbox"/> Improper outdoor storage | <input type="checkbox"/> Repair/maintain fence |
| <input type="checkbox"/> Repair sidewalks or driveway | <input type="checkbox"/> Repair retaining wall(s) | <input type="checkbox"/> Roof/Gutters/Downspouts |
| <input type="checkbox"/> Remove dead trees or limbs | <input type="checkbox"/> Tall weeds and grass | <input type="checkbox"/> Repair/maintain foundation |
| <input type="checkbox"/> Repair/maintain exterior walls | <input type="checkbox"/> Repair/maintain pool/hot tub | <input type="checkbox"/> Improper site grading/drainage |
| <input type="checkbox"/> Inoperable/unlicensed vehicle | <input type="checkbox"/> Repair stairs/porch/deck | <input type="checkbox"/> Accessory structure |

INTERIOR

- | | | |
|--|---|--|
| <input type="checkbox"/> Remove rubbish/garbage | <input type="checkbox"/> Repair floors/walking surface | <input type="checkbox"/> Repair walls |
| <input type="checkbox"/> Repair handrails/guardrails | <input type="checkbox"/> Repair stair treads/risers | <input type="checkbox"/> Rodent/insect infestation |
| <input type="checkbox"/> Window screens or glazing | <input type="checkbox"/> Repair window operation/locks | <input type="checkbox"/> Ceiling Height/Repair |
| <input type="checkbox"/> Repair door operation/locks | <input type="checkbox"/> Repair bathroom/kitchen plumbing | <input type="checkbox"/> Privacy |

LIFE SAFETY REQUIREMENTS

NO OCCUPANCY WILL BE ISSUED WITH DEFICIENCIES IN THIS CATEGORY

- | | | |
|---|---|---|
| <input type="checkbox"/> Minimum occupant living space | <input type="checkbox"/> Minimum ventilation | <input type="checkbox"/> Minimum lighting |
| <input type="checkbox"/> Repair/replace Arc-fault breaker | <input type="checkbox"/> Fire separation and/or repair | <input type="checkbox"/> Smoke alarms |
| <input type="checkbox"/> Repair/replace GFCI | <input type="checkbox"/> Repair electrical panel | <input type="checkbox"/> Label electrical panel |
| <input type="checkbox"/> Unsafe equipment | <input type="checkbox"/> Only one conductor per lug (panel) | <input type="checkbox"/> CO detector |
| <input type="checkbox"/> Endangerment/unsafe structure | <input type="checkbox"/> Combustion air (fuel fired appliances) | <input type="checkbox"/> Egress/ingress |
| <input type="checkbox"/> Clothes dryer exhaust | <input type="checkbox"/> Repair heating facilities | <input type="checkbox"/> Building security |
| <input type="checkbox"/> Emergency escape openings | <input type="checkbox"/> Luminaries | <input type="checkbox"/> Receptacles |

COMMENTS/CODE SECTION _____

The inspection associated with this report was conducted by a trained and certified professional in the employ of the City of Lake Saint Louis. The sole intended purpose of the inspection and report is to assure that the dwelling unit concerned and any appurtenances are in substantial compliance with the applicable Codes and Ordinances of the City of Lake Saint Louis. The inspection report is based solely upon the visual observation of conditions that existed at the time of the inspection. The inspection was noninvasive. The inspection excludes and does not intend to include any components, items and conditions which by their nature are concealed or are unreasonably difficult to access. The inspection did not include the removal or dismantling of any materials from the structure. This inspection report is not an appraisal to determine the value of the property. It is not intended to promote or deter the renting of the property. The inspection and report are not intended nor should they be considered to be a guarantee or warranty regarding the condition of the property. This inspection is not intended to take the place of a private home inspection, usually required by a lender at the execution of a property transfer. The individual receiving the report must be the property owner or property owners authorized agent. By signing below, the recipient acknowledges that the deficiencies noted in this report shall be corrected by the date stated to avoid further penalty.

RECIPIENT'S NAME (print) _____ (signature) _____
 INSPECTOR'S NAME (print) _____ (signature) _____