

OCCUPANCY INSPECTION CHECK LIST

Owner(s): _____ Phone: _____

Address: _____ City/Village: _____

Inspection Date: _____

Inspector: Scott A. Meinhardt, IL. Lic. #450.012181
The Answerman Inc. 618-779-7457

Re-Inspection Date: _____

Type of Structure: 1 story 2 story Single Family Duplex Multi Family/Apt
Basement Mixed use Apartment Commercial Modular/Mobile Home

Re-inspection required **Re-inspection must occur within 30 days of the original inspection.**
To schedule a re-inspection call Okawville City Hall 618-243-5972

EXTERIOR

- | | Yes/OK | Deviation |
|--|--------------------------|--------------------------|
| 1 4" House numbers, visible, conspicuous | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 Foundation cracks, holes or defects | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 Holes in siding or brick | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 Weeds, garbage, rubbish, vegetation | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 Exterior painting | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 Chimney condition | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 Accessory structures | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 Electrical service wires, 8' clearance minimum | <input type="checkbox"/> | <input type="checkbox"/> |
| 9 Doors work freely and latch | <input type="checkbox"/> | <input type="checkbox"/> |
| 10 Plumbing roof stack | <input type="checkbox"/> | <input type="checkbox"/> |
| 11 Site drains water properly | <input type="checkbox"/> | <input type="checkbox"/> |

INTERIOR

- | | | |
|--|--------------------------|--------------------------|
| 12 Bedroom doors, work freely, latch | <input type="checkbox"/> | <input type="checkbox"/> |
| 13 Windows open, stay open, have screens | <input type="checkbox"/> | <input type="checkbox"/> |
| 14 Ceilings & walls free of cracks, chips & pops | <input type="checkbox"/> | <input type="checkbox"/> |
| 15 Smoke detectors in each bedroom NFPA72 | <input type="checkbox"/> | <input type="checkbox"/> |
| 16 Smoke detector hallway leading to bedroom | <input type="checkbox"/> | <input type="checkbox"/> |
| 17 Smoke detector on each inhabital level | <input type="checkbox"/> | <input type="checkbox"/> |
| 18 CO Detector within 15' of each bedroom | <input type="checkbox"/> | <input type="checkbox"/> |
| 19 TPR on water heater | <input type="checkbox"/> | <input type="checkbox"/> |
| 20 Gas line hard plumb through furnace cabinet | <input type="checkbox"/> | <input type="checkbox"/> |
| 21 Dirt leg and shut off gas appliances | <input type="checkbox"/> | <input type="checkbox"/> |
| 22 Secure stack on water heater and furnace | <input type="checkbox"/> | <input type="checkbox"/> |
| 23 Running water at sinks, toilets, tubs | <input type="checkbox"/> | <input type="checkbox"/> |
| 24 Traps, drains, toilets tight and watertight | <input type="checkbox"/> | <input type="checkbox"/> |
| 25 Vent or window in bathrooms | <input type="checkbox"/> | <input type="checkbox"/> |
| 26 Grounded outlet for washer dryer | <input type="checkbox"/> | <input type="checkbox"/> |
| 27 Minimum of 2 outlets in bedrooms | <input type="checkbox"/> | <input type="checkbox"/> |
| 28 GFCI outlets in all unfinished areas, | <input type="checkbox"/> | <input type="checkbox"/> |
| 29 GFCI outlets garages, sheds and exterior | <input type="checkbox"/> | <input type="checkbox"/> |
| 30 GFCI outlets in kitchen 6' of any water source | <input type="checkbox"/> | <input type="checkbox"/> |
| 31 GFCI outlets for all outlets in bathrooms | <input type="checkbox"/> | <input type="checkbox"/> |
| 32 Clothes closet light bulbs covered NEC 410.8 | <input type="checkbox"/> | <input type="checkbox"/> |
| 32 Wiring splices in junction boxes and covered | <input type="checkbox"/> | <input type="checkbox"/> |
| 33 Wiring secured and proper connections | <input type="checkbox"/> | <input type="checkbox"/> |
| 34 Open spaces in electrical panel | <input type="checkbox"/> | <input type="checkbox"/> |
| 35 Handrails on stairs 4 or more risers | <input type="checkbox"/> | <input type="checkbox"/> |
| 36 Fall protection stairs or decks over 32"/4 risers | <input type="checkbox"/> | <input type="checkbox"/> |
| 37 Garage fire seperation inc. door IRC 309.1/.2 | <input type="checkbox"/> | <input type="checkbox"/> |
| 38 Overall cleanliness, dirt, mold, etc | <input type="checkbox"/> | <input type="checkbox"/> |
| 39 Whole house water shut off | <input type="checkbox"/> | <input type="checkbox"/> |
| 40 Rental property dead bolt | <input type="checkbox"/> | <input type="checkbox"/> |

SWIMMING POOL

- | | Yes/OK | Deviation |
|--|--------------------------|--------------------------|
| 41 Self latching gate | <input type="checkbox"/> | <input type="checkbox"/> |
| 42 Door alarms | <input type="checkbox"/> | <input type="checkbox"/> |
| 43 Stairs | <input type="checkbox"/> | <input type="checkbox"/> |
| 44 Fenced, complying with municipal code | <input type="checkbox"/> | <input type="checkbox"/> |

FORMULA FOR OCCUPANCY

Bedroom over 70 Sq. Ft. = 1 person
Bedroom over 100 Sq. Ft. = 2 persons
Bedroom over 150 Sq. Ft. = 3 persons
Bedrooms can not have a dimension under 7'
Bedrooms must have two points of egress

One point of egress must be directly to the outside

Smoke/CO

- | |
|--------------------------|
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |

Sq. Ft.

- | | |
|-----------|--|
| Bedroom 1 | |
| Bedroom 2 | |
| Bedroom 3 | |
| Bedroom 4 | |
| Bedroom 5 | |
| Bedroom 6 | |

Living room: 3-5 120 Sq. Ft, 6 or more 150 Sq Ft

Dining room: 3-5 80 Sq. Ft., 6 or more 100 Sq. Ft.

Kitchen: 3-5 50 Sq. Ft., 6 or more 60 Sq. Ft.

Number of Bedrooms

Number of Occupants

Comments:

- | | |
|---|-------|
| 1 | _____ |
| 2 | _____ |
| 3 | _____ |
| 4 | _____ |
| 5 | _____ |
| 6 | _____ |
| 7 | _____ |
| 8 | _____ |

Pass

Fail

Inspector

