

Saint Louis County Housing Inspection Checklist

Public Works Dept.
North Office
21 Village Square
Hazelwood, MO 63042
(314) 615-7346

Dwelling address: _____
Owner Name: _____
Phone: _____ **Inspector:** _____ **Occ. Load** _____

Public Works Dept.
South Office
4558 Lemay Ferry Rd.
St. Louis, MO. 63125
615-4142

Building Exterior & Lot:

- Driveway _____
- Roof _____
- Roof Vents & Flues _____
- Vehicles licensed, operable _____
- Decorative Features _____
- Gutter system _____
- Fascia and Soffit _____
- Address Numbers _____
- Window condition _____
- Screens _____
- Fence _____
- Swimming Pool safe & clean _____
- Pool Gate functioning _____
- Debris & Litter _____
- Electric Service Entry _____
- Exterior Painting _____
- Foundation Walls _____
- Exterior Walls sound _____
- Chimneys/Masonry _____
- Wall Exhaust Vents _____
- Stairs or steps _____
- Handrails/Guardrails _____
- GFCI receptacle if required _____
- Vermin Infestation _____
- Sidewalks _____

Basement:

- Stairs _____
- Handrail _____
- Plumbing safe (no leaks) _____
- Electric service (sags, etc) _____
- GFCI Receptacles _____
- 60 Amp Electrical _____
- Furnace venting; 3 screws in flue _____
- Water Heater _____
- Floor Fire Stops _____
- Gas line shut-offs; each appliance _____
- Foundation Leaks _____
- Smoke Detector _____
- Sump pump _____

Garage:

- Garage Door Opener _____
- Fire blocked/rated _____
- Electrical _____
- Ceilings, Floor, Walls _____

Interior:

- Stairs _____
- Guardrails _____

Comments:

<p><u>KITCHEN:</u> <input type="checkbox"/> Electrical _____</p> <p><input type="checkbox"/> Exhaust Fan _____</p> <p><input type="checkbox"/> Plumbing acceptable _____</p> <p><input type="checkbox"/> Ceiling, Floor, Walls _____</p> <p><input type="checkbox"/> Range/stove _____</p> <p><input type="checkbox"/> Hot water available _____</p>
<p><u>LIVING ROOM:</u> <input type="checkbox"/> Electrical _____</p> <p><input type="checkbox"/> Ceiling, Floor, Walls _____</p> <p><input type="checkbox"/> Fireplace _____</p> <p><input type="checkbox"/> Registers _____</p>
<p><u>BEDROOM #1-</u> Room Size _____</p> <p><input type="checkbox"/> Electrical _____</p> <p><input type="checkbox"/> Ceiling, Floor, Walls _____</p> <p><input type="checkbox"/> Smoke detector _____</p> <p><input type="checkbox"/> Operable Window _____</p> <p><input type="checkbox"/> Registers _____</p>
<p><u>BEDROOM #2-</u> Room Size: _____</p> <p><input type="checkbox"/> Electrical _____</p> <p><input type="checkbox"/> Ceiling, Floor, Walls _____</p> <p><input type="checkbox"/> Smoke detector _____</p> <p><input type="checkbox"/> Operable Window _____</p> <p><input type="checkbox"/> Registers _____</p>
<p>Use of Room: _____ Room Size _____</p> <p><input type="checkbox"/> Electrical _____</p> <p><input type="checkbox"/> Ceiling, Floor, Walls _____</p> <p><input type="checkbox"/> Smoke detector _____</p> <p><input type="checkbox"/> Operable Window _____</p> <p><input type="checkbox"/> Registers _____</p>

<p><u>DINING ROOM</u></p> <p><input type="checkbox"/> Electrical _____</p> <p><input type="checkbox"/> Fireplace satisfactory _____</p> <p><input type="checkbox"/> Ceiling, Floor, Walls & finish _____</p> <p><input type="checkbox"/> Registers _____</p>
<p><u>BATHROOM #1</u></p> <p><input type="checkbox"/> Hot water available _____</p> <p><input type="checkbox"/> Plumbing acceptable _____</p> <p><input type="checkbox"/> Electrical _____</p> <p><input type="checkbox"/> Ceiling, Floor, Walls _____</p> <p><input type="checkbox"/> Toilet Secure _____</p> <p><input type="checkbox"/> Operable Window or Exhaust Fan _____</p>
<p>Use of Room: _____ Room Size: _____</p> <p><input type="checkbox"/> Electrical _____</p> <p><input type="checkbox"/> Ceiling, Floor, Walls _____</p> <p><input type="checkbox"/> Smoke detector _____</p> <p><input type="checkbox"/> Operable Window _____</p> <p><input type="checkbox"/> Registers _____</p>
<p>Use of Room: _____ Room Size: _____</p> <p><input type="checkbox"/> Electrical _____</p> <p><input type="checkbox"/> Ceiling, Floor, Walls _____</p> <p><input type="checkbox"/> Smoke detector _____</p> <p><input type="checkbox"/> Operable Window _____</p> <p><input type="checkbox"/> Registers _____</p>

<input type="checkbox"/> APPROVED FOR OCCUPANCY	DATE _____	INSPECTOR _____	801 _____
	DATE _____	INSPECTOR _____	802 _____
<input type="checkbox"/> MUST BE RE-INSPECTED	DATE _____	INSPECTOR _____	802 _____