

City of Orange City

Inspection Date: _____ Rental Address: _____

Rental Inspection Form

Owner: _____ Phone#: _____ cell#: _____

Registration Date: _____ Representative: _____ Permit#: _____ Number of Units: _____

Approved Status			Description/Detail	Approved Status			Description/detail	Approved Status			Description/Detail
<u>EXTERIOR PROPERTY AREA</u>											
YES	NO	N/A		YES	NO	N/A		YES	NO	N/A	
___	___	___	Structure is maintained	___	___	___	Approved electrical system	___	___	___	Dual sensor smoke alarm
___	___	___	Walkways free from hazards	___	___	___	Fixtured/outlets covered	___	___	___	Alarms in all bedrooms
___	___	___	Sound Foundations	<u>WATER SYSTEM</u>			___	___	___	Alarms outside bedrooms	
___	___	___	Exterior free of holes	___	___	___	Approved water connection	___	___	___	Carbon monoxide detect.
___	___	___	Roof sound/no defects	___	___	___	Fixtures/pipes functional	___	___	___	Alarms on all floors
___	___	___	Stairways/deck/porch sound	<u>SEWER SYSTEM</u>			<u>MISCS ITEMS</u>				
___	___	___	Windows sound	___	___	___	Sewer connected properly	___	___	___	Property free of pest
___	___	___	Door frames good condition	___	___	___	Fixtures/pipes functional	___	___	___	Owner: pest free prior to renting dwelling.
<u>INTERIOR PROPERT AREA</u>											
___	___	___	Interior stairs maintained	___	___	___	Dwelling: 2 means of egress	___	___	___	Tenant: continual pest free condition.
___	___	___	Doors open easily	___	___	___	Bedrooms: 2 means of egress	___	___	___	Free from mold growth
___	___	___	Walls free from holes	___	___	___	Basement unit: 2 means of egress	___	___	___	
___	___	___	Ceilings free from holes								

Comments: _____

APPROVED: _____ FAILED: _____ RE-INSPECTION DATE: _____ (If necessary)

Property Owner/Representative Signature

City Official Signature