Permit#______ Saint Louis County Housing Inspection Report

Public Works Dept. North Office 715 Northwest St. Ann, MO 63074 (314) 615-4100

Dwelling Address:	:	
Owner Name:		
Phone:	Inspector:	Occ. Load:

Public Works Dept. South Office 4556 Lemay Ferry Rd. St. Louis, MO 63129 (314) 615-4100

PROPERTY CANNOT BE OCCUPIED UNTIL INSPECTION IS FINAL			
Kitchen:	Exterior:		
□ Electrical	□ Roof Vents and Flues		
	□ Peeling Paint		
□ Exhaust Fan/Window	□ Window Condition		
□ Plumbing	□ Screens		
□ Range/Stove Anti-Tip	Electrical Service		
□ Hot Water	□ Chimneys/Masonry		
Living Room:	□ Stairs/Steps		
□ Electrical	☐ Handrails/Guardrails		
□ Ceiling, Floor, Walls	Basement:		
	□ Plumbing		
	□ Electric		
Bathroom:	□ 60 AMP Service		
□ Electrical	□ Furnace		
□ Exhaust Fan/Window	□ Water Heater		
□ Plumbing	□ Fire Stops/Separation		
□ Toilet	□ Gas Line Shut-Off		
□ Hot Water	□ Smoke Detector		
	Garage:		
Rodroom 1. Boom Sira:	□ Garage Door Opener		
Bedroom 1: Room Size:	□ Fire Stops/Separation		
□ Electrical	Electrical		
□ Smoke Detector			
□ Operable Window			
Bedroom 2: Room Size:			
□ Electrical			
□ Smoke Detector			
Operable Window			
Bedroom 3: Room Size			
□ Operable Window			
Her of Brown			
Use of Room: Room Size			
□ Electrical			
□ Smoke Detector			
□ Operable Window			
Use of Room: Room Size			
□ Electrical			
□ Smoke Detector			
□ Operable Window	For any questions or to request a re-inspection call:		
	615-4100		
Health Related: ☐ Gutter System If clogged gutters	Allowable Fire blocking material is a minimum ½" drywall, ¾" plywood, 22 gauge metal and approved fire caulking		
□ Debris & Litter If in plastic bags or left longer than two weeks	Permits Occupied		
□ Any Interior or Exterior Paint <u>If assumed to be Lead</u>	<u></u>		
□ Swimming Pools Safe & Clean <u>If holding rancid water</u>	Required: Date Inspector 801		
□ Vermin Infestation	□ Plumbing □ Approved □ Must Be Re Inspected		
□ Any Exterior Septic or Sewer Leaks	Date Inspector 2 nd Insp		
□ Any interior or Exterior Mold	☐ Electrical ☐ Approved ☐ Must Be Re Inspected		
%HR=#Health Related Deficiencies X100=%			
Total # Deficiencies	Date Inspector 5 Insp		
I Deliciencies	□ Structural □ Approved □ Must Be Re Inspected		